

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
American Hospital Association PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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

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

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		3126501.95
(b) Cash on Hand at Beginning of Reporting Period.....	2721444.91	
(c) Total Receipts (from Line 19) .....	147929.09	1547012.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2869374.00	4673514.86
7. Total Disbursements (from Line 31).....	200015.62	2004156.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2669358.38	2669358.38
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Hospital Association PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	93020.25	693965.90
(ii) Unitemized .....	39778.83	254013.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	132799.08	947979.24
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	132799.08	952979.24
12. Transfers From Affiliated/Other Party Committees.....	9900.00	583850.00
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.....	5000.00	7975.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	230.01	2208.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	147929.09	1547012.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	147929.09	1547012.91

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	260.62	3388.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	260.62	3388.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	199500.00	865100.00
24. Independent Expenditures (use Schedule E) .....	0.00	1133912.91
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	255.00	1755.00
(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)).....	255.00	1755.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	200015.62	2004156.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	200015.62	2004156.48

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	132799.08	952979.24
34. Total Contribution Refunds (from Line 28(d)) .....	255.00	1755.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	132544.08	951224.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	260.62	3388.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	260.62	3388.57

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

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

FOR LINE NUMBER: PAGE 6 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Art Gladstone RN, MBA**  
 Mailing Address 888 South King Street MS 30/9110  
 City State Zip Code  
 Honolulu HI 96813-3009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Straub Clinic & Hospital Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21985210**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert F Letson FACHE**  
 Mailing Address 4300 Bartlett Street  
 City State Zip Code  
 Homer AK 99603-7005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Peninsula Hospital Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21985211**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. John M Dawes FACHE**  
 Mailing Address 1505 West 3rd Street  
 City State Zip Code  
 Sedalia MO 65301-3604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bothwell Regional Health Center Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21985242**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 161														
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Peggy F. Schmitt</b>			Date of Receipt MM / DD / YYYY 09 / 02 / 2014 <b>Transaction ID : 21985245</b>		
Mailing Address 6109 McGee Street			Amount of Each Receipt this Period 950.00		
City Kansas City	State MO	Zip Code 64113-2209			
FEC ID number of contributing federal political committee. C					
Name of Employer North Kansas City Hospital		Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Gerard J Grimaldi</b>			Date of Receipt MM / DD / YYYY 09 / 04 / 2014 <b>Transaction ID : 21985253</b>		
Mailing Address 12206 Washington Court			Amount of Each Receipt this Period 500.00		
City Kansas City	State MO	Zip Code 64145-1761			
FEC ID number of contributing federal political committee. C					
Name of Employer Truman Medical Center Hospital Hill		Occupation Vice President Health Policy and Gover			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Ms. Paulette Davidson MBA, FACHE</b>			Date of Receipt MM / DD / YYYY 09 / 04 / 2014 <b>Transaction ID : 21985260</b>		
Mailing Address 22053 A St			Amount of Each Receipt this Period 300.00		
City Eagle	State NE	Zip Code 68347-1937			
FEC ID number of contributing federal political committee. C					
Name of Employer Bellevue 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 ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Gordon Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3015 3rd Avenue SE

City Aberdeen State SD Zip Code 57401-5418

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

Name of Employer Sanford Aberdeen Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : 21985300**

Amount of Each Receipt this Period 250.00

**B. Ms. Danielle Hamann**  
Full Name (Last, First, Middle Initial)

Mailing Address 3900 West Avera Drive

City Sioux Falls State SD Zip Code 57108-5717

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

Name of Employer Avera Health Occupation Public Policy Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.50

Date of Receipt 09 / 02 / 2014  
**Transaction ID : 21985304**

Amount of Each Receipt this Period 28.50

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

Mailing Address 6401 France Avenue South

City Edina State MN Zip Code 55435-2104

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

Name of Employer Fairview Southdale Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 09 / 04 / 2014  
**Transaction ID : 21985310**

Amount of Each Receipt this Period 435.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 713.50

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



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

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

FOR LINE NUMBER: PAGE 9 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Craig J Broman MHA, FACHE**

Mailing Address 1406 Sixth Avenue North

City State Zip Code  
Saint Cloud MN 56303-1901

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

Name of Employer Occupation  
St. Cloud Hospital President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21985311**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Alan L Goldbloom M.D.**

Mailing Address 2525 Chicago Avenue South

City State Zip Code  
Minneapolis MN 55404-4518

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

Name of Employer Occupation  
Children's Hospitals and Clinics of Mi Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21985315**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Dennis C Miley**

Mailing Address 200 West 1st Street

City State Zip Code  
Paynesville MN 56362-1445

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

Name of Employer Occupation  
CentraCare Health-Paynesville Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21985317**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Ben Peltier**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Legal Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.11**

Date of Receipt  
09 / 04 / 2014  
**Transaction ID : 21985319**

Amount of Each Receipt this Period  
**200.00**

**B. Ms. Mary J Ruyter**  
Full Name (Last, First, Middle Initial)

Mailing Address 1430 North Highway

City Jackson State MN Zip Code 56143-1093

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

Name of Employer Sanford Jackson Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
09 / 04 / 2014  
**Transaction ID : 21985351**

Amount of Each Receipt this Period  
**75.00**

**C. Mr. Larry A Schulz**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 728

City Fergus Falls State MN Zip Code 56538-0728

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

Name of Employer Lake Region Healthcare Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  
09 / 04 / 2014  
**Transaction ID : 21985352**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> 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 11 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John H Solheim**

Mailing Address 2475 East Broadway Street

City State Zip Code  
Helena MT 59601-4928

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

Name of Employer Occupation  
Cuyuna Regional Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21985353**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Rulon F Stacey PhD, FACHE**

Mailing Address 2450 Riverside Avenue

City State Zip Code  
Minneapolis MN 55454-1450

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

Name of Employer Occupation  
Fairview Health Services President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21985354**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Randy Ulseth**

Mailing Address 301 South Highway 65

City State Zip Code  
Mora MN 55051-1899

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

Name of Employer Occupation  
FirstLight Health System Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21985356**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Carl P Vaagenes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 17th Avenue East  
 City Alexandria State MN Zip Code 56308-5273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Douglas County Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt **09 / 04 / 2014**  
**Transaction ID : 21985357**  
 Amount of Each Receipt this Period **200.00**

**B. Ms. Mary Ellen Wells FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1095 Highway 15 South  
 City Hutchinson State MN Zip Code 55350-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CentraCare Health-Monticello Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt **09 / 04 / 2014**  
**Transaction ID : 21985358**  
 Amount of Each Receipt this Period **200.00**

**C. Ms. Toni R Ardabell RN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Bremo Road  
 City Richmond State VA Zip Code 23226-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours St. Mary's Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 02 / 2014**  
**Transaction ID : 21985363**  
 Amount of Each Receipt this Period **350.00**

**SUBTOTAL** of Receipts This Page (optional)..... **390.00**  
**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 13 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas Auer**  
Full Name (Last, First, Middle Initial)

Mailing Address 6001 Dominion Fairways Place

City Glen Allen	State VA	Zip Code 23059-6918
--------------------	-------------	------------------------

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

Name of Employer Bon Secours-Richmond Community Hospita	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2014

**Transaction ID : 21985364**

Amount of Each Receipt this Period  

350.00
--------

**B. Ms. Sally Nan Barber**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 800810

City Charlottesville	State VA	Zip Code 22908-0809
-------------------------	-------------	------------------------

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

Name of Employer University of Virginia Medical Center	Occupation Special Advisor to Chief Executive Off
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2014

**Transaction ID : 21985365**

Amount of Each Receipt this Period  

350.00
--------

**C. Mr. William Carrico**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Tyler Court

City Stephens City	State VA	Zip Code 22655-2371
-----------------------	-------------	------------------------

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

Name of Employer Valley Health System	Occupation Chief Financial Officer-SMH
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2014

**Transaction ID : 21985367**

Amount of Each Receipt this Period  

350.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<b>TOTAL</b> 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 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. N Travis Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Memorial Drive  
 City Luray State VA Zip Code 22835-1005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Page Memorial Hospital Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986063**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. James B Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3951 Clifton Manor Place  
 City Haymarket State VA Zip Code 20169-2441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Hospital Center - Arlington Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986064**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Robin Depaoli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8317 Stonewall Drive  
 City Vienna State VA Zip Code 22180-6949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Hospital Center - Arlington Occupation Senior Vice President & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986065**  
 Amount of Each Receipt this Period  
 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. James Dunn</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2014 <b>Transaction ID : 21986066</b>
Mailing Address 2406 Worchester Rd		Amount of Each Receipt this Period 350.00
City Midlothian	State VA	Zip Code 23113-6058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Bon Secours-Richmond Community Hospita	Occupation Vice President Advocacy & Communicatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Debra A Flores</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2014 <b>Transaction ID : 21986080</b>
Mailing Address 3000 Coliseum Drive		Amount of Each Receipt this Period 350.00
City Hampton	State VA	Zip Code 23666-5963
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Sentara CarePlex Hospital	Occupation President and Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Leana Fox</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2014 <b>Transaction ID : 21986081</b>
Mailing Address 850 Crawford Parkway		Amount of Each Receipt this Period 350.00
City Portsmouth	State VA	Zip Code 23704-2304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Bon Secours Maryview Medical Center	Occupation CNE/Vice President, Patient Care Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Peter Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 13710 St Francis Boulevard

City Midlothian State VA Zip Code 23114-3267

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

Name of Employer Bon Secours St. Mary's Hospital Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 02 / 2014

**Transaction ID : 21986082**

Amount of Each Receipt this Period 350.00

**B. Mr. Michael V Gentry**  
Full Name (Last, First, Middle Initial)

Mailing Address 1328 Murray Drive

City Chesapeake State VA Zip Code 23322-1834

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

Name of Employer Sentara Healthcare Occupation Corporate Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 02 / 2014

**Transaction ID : 21986083**

Amount of Each Receipt this Period 350.00

**C. James C Godwin Jr. SPHR**  
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Bremo Rd

City Richmond State VA Zip Code 23226-1907

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

Name of Employer Bon Secours St. Mary's Hospital Occupation Vice President, Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 02 / 2014

**Transaction ID : 21986084**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark M Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13700 St Francis Boulevard  
 City State Zip Code  
 Midlothian VA 23114-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bon Secours St. Francis Medical Center Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986164**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. Richard Magenheimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8110 Gatehouse Road  
 City State Zip Code  
 Falls Church VA 22042-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Inova Health System Chief Financial Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986165**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Neschla McCall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4666 Lawton Way  
 City State Zip Code  
 Alexandria VA 22311-4941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Inova Health System Assistant Vice President Chief Complia  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986166**  
 Amount of Each Receipt this Period  
 350.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Gerard Seager**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6110 County Route 32  
 City State Zip Code  
 Norwich NY 13815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Delaware Valley Hospital Trustee  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986168**  
 Amount of Each Receipt this Period  
 350.00

**B. Ms. Jennifer Siciliano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8110 Gatehouse Road  
 Suite 200 East Tower  
 City State Zip Code  
 Falls Church VA 22042-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Inova Fairfax Hospital Vice President Government Relations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986169**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. J Knox Singleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8110 Gatehouse Road  
 City State Zip Code  
 Falls Church VA 22042-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Inova Health System President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 21986170**  
 Amount of Each Receipt this Period  
 350.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Connie Thompson-Bodkin**

Mailing Address 1845 Rein Lane

City State Zip Code  
 Virginia Beach VA 23456-6932

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

Name of Employer Occupation  
 Sentara Healthcare Vice President & COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 02 / 2014  
**Transaction ID : 21986171**

Amount of Each Receipt this Period  
 350.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Anthony Zelenka**

Mailing Address 400 Klee Drive

City State Zip Code  
 Martinsburg WV 25403-1351

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

Name of Employer Occupation  
 Berkeley Medical Center Chief Administrative Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 04 / 2014  
**Transaction ID : 21989086**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Judie Charlton MD**

Mailing Address 328 Rotary Street

City State Zip Code  
 Morgantown WV 26505-3235

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

Name of Employer Occupation  
 West Virginia University Hospitals Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 04 / 2014  
**Transaction ID : 21989088**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. David B Darden**

Mailing Address 119 Montgomery Lane

City Daniels	State WV	Zip Code 25832-9739
-----------------	-------------	------------------------

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

Name of Employer Raleigh General Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21989090**

Amount of Each Receipt this Period  

500.00
--------

Full Name (Last, First, Middle Initial)  
**B. Mr. Richard L. Miller**

Mailing Address #4 Stony Point Road

City Charleston	State WV	Zip Code 25314-1670
--------------------	-------------	------------------------

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

Name of Employer West Virginia Hospital Association	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21989096**

Amount of Each Receipt this Period  

500.00
--------

Full Name (Last, First, Middle Initial)  
**C. Mr. Ben Vincent FACHE**

Mailing Address 149 Marple Drive

City Heaters	State WV	Zip Code 26627-8201
-----------------	-------------	------------------------

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

Name of Employer Braxton County Memorial Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21989098**

Amount of Each Receipt this Period  

257.50
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1257.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dale R. Wood**  
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Saint Ives Drive

City Hurricane State WV Zip Code 25526-9474

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

Name of Employer Charleston Area Medical Center Occupation VP System Improvement & CQO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : 21989107**

Amount of Each Receipt this Period  
 250.00

**B. Mr. Wayne B Griffith FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 901

City Princeton State WV Zip Code 24740-0901

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

Name of Employer Princeton Community Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : 21989108**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Jeffrey A Powelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1325 Hickory Corner Road  
Route 4, Box 96

City Philippi State WV Zip Code 26416-9536

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

Name of Employer Broaddus Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : 21989110**

Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Gary A. Murdock**  
Full Name (Last, First, Middle Initial)

Mailing Address 678 Colonial Dr.

City Morgantown State WV Zip Code 26505-2423

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

Name of Employer West Virginia University Hospitals Occupation VP Planning & Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2014

**Transaction ID : 21989190**

Amount of Each Receipt this Period 250.00

**B. Mr. T. Pinckney Mcllwain**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 South Gate Rd

City Charleston State WV Zip Code 25314-2368

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

Name of Employer Charleston Area Medical Center Occupation Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2014

**Transaction ID : 21989191**

Amount of Each Receipt this Period 250.00

**C. Mr. Michael D. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Capitol Street Suite 500 B

City Charleston State WV Zip Code 25301-2612

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

Name of Employer Charleston Area Medical Center Occupation VP/Administrator - General Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2014

**Transaction ID : 21989193**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Jay E Prager**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 Cherokee Drive

City Moundsville State WV Zip Code 26041-1011

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

Name of Employer Reynolds Memorial Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2014  
**Transaction ID : 21997280**

Amount of Each Receipt this Period 250.00

**B. Mr. Stephen P Dexter**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Stony Point

City Charleston State WV Zip Code 25314-1663

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

Name of Employer Thomas Memorial Hospital Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2014  
**Transaction ID : 21997291**

Amount of Each Receipt this Period 500.00

**C. Mr. Douglas E Bentz**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Seneca Valley Estates

City Sissonville State WV Zip Code 25320-9781

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

Name of Employer Roane General Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2014  
**Transaction ID : 21997296**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Dana Olson**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 480

City Peterstown	State WV	Zip Code 24963-0480
--------------------	-------------	------------------------

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

Name of Employer Princeton Community Hospital	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2014

**Transaction ID : 21997298**

Amount of Each Receipt this Period  
250.00

**B. Mr. Tommy H Mullins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1521 Spars Creek Road

City Danville	State WV	Zip Code 25053-8020
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2014

**Transaction ID : 21997299**

Amount of Each Receipt this Period  
262.50

**C. Mr. Neil R McLaughlin RN, BS, MB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2585 Welltown School Road

City Martinsburg	State WV	Zip Code 25403-5838
---------------------	-------------	------------------------

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

Name of Employer Hampshire Memorial Hospital	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2014

**Transaction ID : 21997301**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	762.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Reba Celsor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1157 Dry Hill Road

City Beckley	State WV	Zip Code 25801-2109
-----------------	-------------	------------------------

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

Name of Employer Raleigh General Hospital	Occupation Chief Operating Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21997309**

Amount of Each Receipt this Period  
250.00

**B. Ms. Teresa E. McCabe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 212 Station Terrace East

City Martinsburg	State WV	Zip Code 25403-4006
---------------------	-------------	------------------------

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

Name of Employer University Healthcare	Occupation VP, Marketing/Development
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21997313**

Amount of Each Receipt this Period  
250.00

**C. Mr. J Michael Horsley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 N. East Boulevard

City Montgomery	State AL	Zip Code 36117-2214
--------------------	-------------	------------------------

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

Name of Employer Alabama Hospital Association	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21997359**

Amount of Each Receipt this Period  
1000.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Linda U Jordan**

Mailing Address P O Box 1270

City Ashland State AL Zip Code 36251-1270

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

Name of Employer Clay County Hospital Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 21997360**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Troy Greer**

Mailing Address P O Box 25555

City Albuquerque State NM Zip Code 87125-0555

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

Name of Employer Lovelace Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : 21997369**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert J Heckert Jr**

Mailing Address 2669 North Scenic Drive

City Alamogordo State NM Zip Code 88310-8700

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

Name of Employer Gerald Champion Regional Medical Cente Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : 21997370**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Belinda Brown Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Clear Creek Road  
 City Langhorne State PA Zip Code 19047-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 09 / 05 / 2014  
**Transaction ID : 21997386**  
 Amount of Each Receipt this Period 162.50

**B. Ms. Theresa L. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Harvest Lane  
 City Livingston State NJ Zip Code 07039-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 09 / 05 / 2014  
**Transaction ID : 21997391**  
 Amount of Each Receipt this Period 6.50

**C. Mr. Michael Guerriero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Alexander Road  
 City Princeton State NJ Zip Code 08540-6305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.20

Date of Receipt 09 / 05 / 2014  
**Transaction ID : 21997395**  
 Amount of Each Receipt this Period 6.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.50  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Sean J. Hopkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

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

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **329.32**

Date of Receipt **09 / 05 / 2014**

**Transaction ID : 21997397**

Amount of Each Receipt this Period **6.50**

**B. Ms. Sarah Lechner**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **377.00**

Date of Receipt **09 / 05 / 2014**

**Transaction ID : 21997403**

Amount of Each Receipt this Period **6.50**

**C. Mr. John Slotman**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation VP, GME and Teaching Hospital Issues

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **439.40**

Date of Receipt **09 / 05 / 2014**

**Transaction ID : 21997411**

Amount of Each Receipt this Period **6.50**

**SUBTOTAL** of Receipts This Page (optional)..... **19.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jill Berry Bowen</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 <b>Transaction ID : 21997417</b>
Mailing Address 133 Fairfield Street		Amount of Each Receipt this Period 350.00
City Saint Albans	State VT	Zip Code 05478-1726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Northwestern Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Stephen M. Ahnen</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 <b>Transaction ID : 21997422</b>
Mailing Address 125 Airport Road		Amount of Each Receipt this Period 45.50
City Concord	State NH	Zip Code 03301-7300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.50
Name of Employer New Hampshire Hospital Association	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Paula Minnehan</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 <b>Transaction ID : 21997423</b>
Mailing Address 283 Gallopiny Hill Road		Amount of Each Receipt this Period 16.70
City Hopkinton	State NH	Zip Code 03229-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.70
Name of Employer New Hampshire Hospital Association	Occupation V.P., Finance and Rural Hospitals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	412.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Theresa J. Roark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2644 Jennifer Drive  
 City Jefferson City State MO Zip Code 65101-3997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Hospital Association Occupation Senior Vice President, Data & Informat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : 21997431**  
 Amount of Each Receipt this Period  
 375.00

**B. Ms. Mary C. Becker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7800 South Eagle Road  
 City Columbia State MO Zip Code 65203-9017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Hospital Association Occupation Senior VP, Commc. & Health Improvement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 328.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : 21997437**  
 Amount of Each Receipt this Period  
 46.88

**C. Mr. Herb B. Kuhn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5310 Saddlebrooke Lane  
 City Lohman State MO Zip Code 65053-9353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Hospital Association Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : 21997446**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	546.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Daniel R. Landon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1811 Forest Park Court

City	State	Zip Code
Jefferson City	MO	65109-9782

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

Name of Employer	Occupation
Missouri Hospital Association	Sr. Vice President, Governmental Relat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2014

**Transaction ID : 21997447**

Amount of Each Receipt this Period  

125.00
--------

**B. Ms. Leslie Porth**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1816

City	State	Zip Code
Lake Ozark	MO	65049-1816

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

Name of Employer	Occupation
Missouri Hospital Association	Vice President of Health Improvement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2014

**Transaction ID : 21997449**

Amount of Each Receipt this Period  

53.58
-------

**C. Mr. Robert P Granger**  
Full Name (Last, First, Middle Initial)

Mailing Address 7457 Rolling Bend Ct.

City	State	Zip Code
Columbus	GA	31904-1971

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

Name of Employer	Occupation
St. Francis Hospital	President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2014

**Transaction ID : 21997635**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>678.58</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Gregory A Hurst**

Mailing Address 2001 Peachtree Road NE, Suite 400

City Atlanta State GA Zip Code 30309-1476

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

Name of Employer Piedmont Healthcare Occupation President Finance and Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : 21997636**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Kem Mullins FACHE**

Mailing Address 2986 Kate Bond Road

City Bartlett State TN Zip Code 38133-4003

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

Name of Employer WellStar Cobb Hospital Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : 21997639**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Wade Brewer**

Mailing Address 608 East 20th Street

City Tifton State GA Zip Code 31794-3612

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

Name of Employer Tift Regional Medical Center Occupation Telecommunication Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : 21997641**

Amount of Each Receipt this Period  
**1500.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Candice Saunders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 677 Church Street

City Marietta	State GA	Zip Code 30060-1101
------------------	-------------	------------------------

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

Name of Employer WellStar Health System	Occupation Executive VP and Chief Operating Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2014

**Transaction ID : 21997643**

Amount of Each Receipt this Period  
500.00

**B. Mr. Wayne Senfeld**  
Full Name (Last, First, Middle Initial)  
Mailing Address 327 Kramer Street

City Carrollton	State GA	Zip Code 30117-3707
--------------------	-------------	------------------------

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

Name of Employer Tanner Health System	Occupation Senior Vice President
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2014

**Transaction ID : 21997645**

Amount of Each Receipt this Period  
500.00

**C. Ms. Rebecca Anthony**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 East Grand Avenue  
Suite 100

City Des Moines	State IA	Zip Code 50309-1800
--------------------	-------------	------------------------

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

Name of Employer Iowa Hospital Association	Occupation Vice President, Education
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
428.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

**Transaction ID : 21997929**

Amount of Each Receipt this Period  
35.71

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1035.71
<b>TOTAL</b> 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 34 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Dan Royer**

Mailing Address 100 East Grand Avenue

City State Zip Code  
Des Moines IA 50309-1817

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

Name of Employer Occupation  
Iowa Hospital Association Director, Advocacy Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.21

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 10 / 2014  
**Transaction ID : 21997932**

Amount of Each Receipt this Period  
17.85

Full Name (Last, First, Middle Initial)  
**B. Ms. Laura Malone**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

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

Name of Employer Occupation  
Iowa Hospital Association Director of Nursing & Clinical Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
428.52

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 10 / 2014  
**Transaction ID : 21997933**

Amount of Each Receipt this Period  
35.71

Full Name (Last, First, Middle Initial)  
**C. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City State Zip Code  
Waukee IA 50263-8180

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

Name of Employer Occupation  
Iowa Hospital Association Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
428.52

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 10 / 2014  
**Transaction ID : 21997934**

Amount of Each Receipt this Period  
35.71

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.27

**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 35 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Erika Eckley**

Mailing Address 100 East Grand Avenue, Suite 100

City State Zip Code  
Des Moines IA 50309-1800

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

Name of Employer Occupation  
Iowa Hospital Association Director, Government Relations Staff L

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : 21997935**

Amount of Each Receipt this Period  
17.85

Full Name (Last, First, Middle Initial)  
**B. Mr. Arthur John Spies II**

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code  
Des Moines IA 50309-1800

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

Name of Employer Occupation  
Iowa Hospital Association Senior Vice President, Membership Svcs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
428.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : 21997936**

Amount of Each Receipt this Period  
35.71

Full Name (Last, First, Middle Initial)  
**C. Mr. Dennis A. White**

Mailing Address 100 East Graham Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1835

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

Name of Employer Occupation  
Iowa Hospital Association Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
428.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : 21997939**

Amount of Each Receipt this Period  
35.71

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.27

**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 36 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms Janie G Nirk**

Mailing Address 1010 S. Brincken Rd

City State Zip Code  
Potlatch ID 83855-9764

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

Name of Employer Occupation  
Gritman Medical Center Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 08 / 2014  
**Transaction ID : 22001435**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Jeff Taylor**

Mailing Address 190 East Bannock

City State Zip Code  
Boise ID 83712-6241

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

Name of Employer Occupation  
St. Luke's Regional Medical Center Vice President Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 08 / 2014  
**Transaction ID : 22001436**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Kara Besst**

Mailing Address 650 Victoria Dr

City State Zip Code  
Moscow ID 83843-7813

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

Name of Employer Occupation  
Gritman Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 08 / 2014  
**Transaction ID : 22001437**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Chris Roth**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 East Bannock Street

City Boise State ID Zip Code 83712-6241

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

Name of Employer St. Luke's Regional Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2014  
**Transaction ID : 22001438**

Amount of Each Receipt this Period 250.00

**B. Mr. Larry Tisdale**  
Full Name (Last, First, Middle Initial)

Mailing Address 454 East Lake Creek

City Meridian State ID Zip Code 83642-4661

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

Name of Employer Idaho Hospital Association Occupation Vice President - Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2014  
**Transaction ID : 22001439**

Amount of Each Receipt this Period 250.00

**C. Ms. Syd Bersante RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3202 Loma Court, NE

City Tacoma State WA Zip Code 98422-2742

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

Name of Employer St. Joseph Medical Center Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : 22003410**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Joseph Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Michigan Avenue NW

City Washington	State DC	Zip Code 20010-2916
--------------------	-------------	------------------------

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

Name of Employer Howard University Hospital	Occupation Chief of Pediatrics
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 22003412**

Amount of Each Receipt this Period  
500.00

**B. Ms. Debra K Boardman FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 750 East 34th Street

City Hibbing	State MN	Zip Code 55746-2341
-----------------	-------------	------------------------

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

Name of Employer Range Regional Health Services	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : 22003415**

Amount of Each Receipt this Period  
250.00

**C. Ms. Kathryn G. Correia**  
Full Name (Last, First, Middle Initial)

Mailing Address 559 Capitol Boulevard, 6-South

City Saint Paul	State MN	Zip Code 55103-2101
--------------------	-------------	------------------------

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

Name of Employer HealthEast Care System	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : 22003416**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Claudio D Fort**  
Full Name (Last, First, Middle Initial)  
Mailing Address 189 Prouty Drive

City Newport	State VT	Zip Code 05855-9326
-----------------	-------------	------------------------

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

Name of Employer North Country Hospital and Health Cent	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 22003421**

Amount of Each Receipt this Period  

350.00
--------

**B. Mr. Ronald A Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1051 South Hawthorne Avenue

City Marshall	State MO	Zip Code 65340-3614
------------------	-------------	------------------------

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

Name of Employer Fitzgibbon Hospital	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : 22003427**

Amount of Each Receipt this Period  

215.00
--------

**C. Ms. Marie Beatrice Grause**  
Full Name (Last, First, Middle Initial)  
Mailing Address 148 Main Street

City Montpelier	State VT	Zip Code 05602-2913
--------------------	-------------	------------------------

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

Name of Employer Vermont Association of Hospitals and H	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 22007022**

Amount of Each Receipt this Period  

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1565.00</b>
<b>TOTAL</b> 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 40 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Melvyn Patashnick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 Washington Highway  
 City State Zip Code  
 Morrisville VT 05661-8973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Copley Hospital President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : 22007023**  
 Amount of Each Receipt this Period  
 350.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : 22007024**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Juanita Deskins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 Cedar Hills Drive  
 City State Zip Code  
 Pikeville KY 41501-8704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pikeville Medical Center Chief Operating Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22007031**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**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 41 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James W. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 803 Poplar Street  
 City Murray State KY Zip Code 42071-2467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Murray-Calloway County Hospital Occupation Vice President of Professional Srvc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 16 / 2014**  
**Transaction ID : 22007032**  
 Amount of Each Receipt this Period **250.00**

**B. Mr. Nick Bastin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1310  
 City Mount Vernon State KY Zip Code 40456-1310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockcastle Regional Hospital and Respi Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 16 / 2014**  
**Transaction ID : 22007033**  
 Amount of Each Receipt this Period **300.00**

**C. Ms. Sheila Currans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 KY Highway 36E  
 City Cynthiana State KY Zip Code 41031-7498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harrison Memorial Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 16 / 2014**  
**Transaction ID : 22007034**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 42 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Dennis T. Dorton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Twin Oak Drive  
 City Paintsville State KY Zip Code 41240-1080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highlands Regional Medical Center Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22007035**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Dennis B Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 913 North Dixie Avenue  
 City Elizabethtown State KY Zip Code 42701-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hardin Memorial Hospital Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22007036**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. William Dinsmoor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7644 Hidden Valley Dr  
 City Papillion State NE Zip Code 68046-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : 22007044**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Paula F Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 3820 Old Orchard Road

City Joplin State MO Zip Code 64804-8008

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

Name of Employer Freeman Health System Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : 22007077**

Amount of Each Receipt this Period 500.00

**B. Mr. William K Mahoney**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 Barnes Lane

City Branson State MO Zip Code 65616-6226

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

Name of Employer Cox Medical Center Branson Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : 22007086**

Amount of Each Receipt this Period 250.00

**C. Mr. Jeff A Tindle MHA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 North Jefferson

City Carrollton State MO Zip Code 64633-1944

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

Name of Employer Carroll County Memorial Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : 22007098**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Bruce J Tassin BS, MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 Rabbitbruch  
 City Santa Fe State NM Zip Code 87506-7782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Christus St. Vincent Regional Medical Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : 22007128**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Thomas J Sadvary FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3621 Wells Fargo Avenue  
 City Scottsdale State AZ Zip Code 85251-5607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scottsdale Healthcare Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : 22007147**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Patty White RN, MS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 South Dobson Road  
 City Chandler State AZ Zip Code 85224-5605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph's Hospital and Medical Cent Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : 22007315**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Chad R. Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6518 SW 26th Court  
 City State Zip Code  
 Topeka KS 66614-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kansas Hospital Association Sr. Vice President, Government Relatio  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 366.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 22009731**  
 Amount of Each Receipt this Period  
 38.46

**B. Mr. Eugene W Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Maine Street  
 City State Zip Code  
 Lawrence KS 66044-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lawrence Memorial Hospital President and Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 22009757**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Lee A Norman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 W 5th St #205  
 City State Zip Code  
 Kansas City MO 64105-1166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Kansas Hospital, The Chief Medical Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 22009764**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	538.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Tammy Peterman RN, MS**

Mailing Address 3901 Rainbow Blvd

City State Zip Code  
Kansas City KS 66103-2937

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

Name of Employer Occupation  
University of Kansas Hospital, The Executive Vice President, Chief Operat

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 22009769**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sue Anderson**

Mailing Address 900 Seneca St

City State Zip Code  
Seattle WA 98122-4212

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

Name of Employer Occupation  
Virginia Mason Medical Center Senior Vice President, Chief Financial

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : 22009866**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. John Beitzel**

Mailing Address 939 Caroline Street

City State Zip Code  
Port Angeles WA 98362-3909

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

Name of Employer Occupation  
Olympic Medical Center Board President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : 22009901**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Diane Blake**

Mailing Address P O Box 330

City State Zip Code  
Leavenworth WA 98826-0330

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

Name of Employer Occupation  
Cascade Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 17 / 2014  
**Transaction ID : 22009902**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Florence Chang**

Mailing Address 2116 87th Street NW

City State Zip Code  
Gig Harbor WA 98332-7551

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

Name of Employer Occupation  
MultiCare Mary Bridge Children's Hospi Senior Vice President, Clinical Suppor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 17 / 2014  
**Transaction ID : 22009904**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Jean Hordyk**

Mailing Address 1122 East 9th Street

City State Zip Code  
Port Angeles WA 98362-6633

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

Name of Employer Occupation  
Olympic Medical Center Commissioner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 17 / 2014  
**Transaction ID : 22009905**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 161
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Renee K Jensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 South Birch Street

City State Zip Code  
McCleary WA 98557-9522

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

Name of Employer Occupation  
Summit Pacific Medical Center Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 17 / 2014  
**Transaction ID : 22009906**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 939 Caroline Street

City State Zip Code  
Port Angeles WA 98362-3909

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

Name of Employer Occupation  
Olympic Medical Center Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 17 / 2014  
**Transaction ID : 22009962**

Amount of Each Receipt this Period  
250.00

**C. Ms Joanne Roberts MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1321 Colby Avenue

City State Zip Code  
Everett WA 98206-1147

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

Name of Employer Occupation  
Providence Regional Medical Center Eve Chief Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 17 / 2014  
**Transaction ID : 22009963**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Marilyn Schock**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 16th Street

City State Zip Code  
Greeley CO 80631-5154

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

Name of Employer Occupation  
McKee Medical Center Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : 22010872**

Amount of Each Receipt this Period  
250.00

**B. Mr. James V. Ferando**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 25489

City State Zip Code  
Phoenix AZ 85002-5489

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

Name of Employer Occupation  
Banner Health - Western Region President Western Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : 22010883**

Amount of Each Receipt this Period  
250.00

**C. Ms. Stephanie Doughty**  
Full Name (Last, First, Middle Initial)

Mailing Address 2315 East Harmony Road, Suite 200

City State Zip Code  
Fort Collins CO 80528-8620

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

Name of Employer Occupation  
Poudre Valley Hospital Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : 22010885**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark J Francis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 North 12th Street  
 City State Zip Code  
 Grand Junction CO 81501-2980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Family Health West President, Chief Executive Officer and  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : 22010901**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms, Kathie Bender-Schwich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 W. Talcott Rd  
 City State Zip Code  
 Park Ridge IL 60068-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advocate Health Care Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22010918**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Michael Farrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 729 S. Lincoln Street  
 City State Zip Code  
 Hinsdale IL 60521-4428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advocate Health Care President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22010922**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard B Floyd**

Mailing Address 1425 North Randall Road

City State Zip Code  
Elgin IL 60123-2300

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

Name of Employer Occupation  
Advocate Lutheran General Hospital President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22010943**

Amount of Each Receipt this Period  
750.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Daniel A Parod**

Mailing Address 2400 North Rockton Avenue

City State Zip Code  
Rockford IL 61103-3655

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

Name of Employer Occupation  
Rockford Memorial Hospital Senior Vice President Hospital and Adm

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22010954**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Kevin Ruggles**

Mailing Address 2400 North Rockton Avenue

City State Zip Code  
Rockford IL 61103-3655

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

Name of Employer Occupation  
Rockford Memorial Hospital Chief Physician Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22010955**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. William P Santulli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 732 Thurlow Street  
 City Hinsdale State IL Zip Code 60521-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Health Care Occupation Executive Vice President and Chief Ope  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22010956**  
 Amount of Each Receipt this Period  
 750.00

**B. Mr. David L. Schreiner FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1435 Tilton Park Drive  
 City Dixon State IL Zip Code 61021-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Katherine Shaw Bethea Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : 22010957**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Dale Creech**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1381 Quaker Way  
 City Dayton State OH Zip Code 45458-2772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miami Valley Hospital Occupation Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011119**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 53 OF 161
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. William Annable**  
Full Name (Last, First, Middle Initial)

Mailing Address 2464 Guilford RD

City Cleveland Heights State OH Zip Code 44118-4104

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

Name of Employer University Hospitals Occupation Chief Quality Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : 2201121**

Amount of Each Receipt this Period 500.00

**B. Mr. Peter S Brumleve**  
Full Name (Last, First, Middle Initial)

Mailing Address 26400 George Zeiger Dr

City Beachwood State OH Zip Code 44122-7510

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

Name of Employer University Hospitals Occupation Chief Marketing Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : 2201122**

Amount of Each Receipt this Period 500.00

**C. Ms. Catherine Koppleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3033 Crafton Road

City Beachwood State OH Zip Code 44122-3246

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

Name of Employer University of Cincinnati Medical Center Occupation Senior Vice President & Chief Nursing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : 2201123**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Phyllis Marino**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Southwyck Drive

City Chagrin Falls State OH Zip Code 44022-4106

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

Name of Employer Akron General Medical Center Occupation VP, Integrated Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : 22011133**

Amount of Each Receipt this Period 250.00

**B. Mr. Cliff A Megerian MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 23649 Stanford Rd

City Shaker Heights State OH Zip Code 44122-2672

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

Name of Employer University Hospitals Occupation Chairman Otolaryngology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : 22011134**

Amount of Each Receipt this Period 500.00

**c. Dr. Fred C Rothstein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1080 W. Hill Drive

City Gates Mills State OH Zip Code 44040-9627

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

Name of Employer University Hospitals Case Medical Cent Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : 22011135**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Warren Selman**

Mailing Address 2665 Endicott Rd

City State Zip Code  
Shaker Heights OH 44120-1309

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

Name of Employer Occupation  
University Hospitals Chairman, Neurological Institute

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011136**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Steven Standley**

Mailing Address 3605 Warrensville Center Rd # MSC9

City State Zip Code  
Beachwood OH 44122-5203

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

Name of Employer Occupation  
St. Vincent Charity Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011137**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6560 Thorntree Drive

City State Zip Code  
Brecksville OH 44141-1769

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

Name of Employer Occupation  
University Hospitals Sr VP, Strategic Planning & Bus Develo

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011139**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas F Zenty III**  
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer University Hospitals Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : 22011140**

Amount of Each Receipt this Period  
 500.00

**B. Mr. Peter S Fine FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 25489

City Phoenix State AZ Zip Code 85002-5489

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

Name of Employer Banner Health Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : 22011270**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Keith T Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 272 Hospital Road

City Chillicothe State OH Zip Code 45601-9031

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

Name of Employer Mount Carmel Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : 22011293**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 57 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Barb Johnson**

Mailing Address 1697 Bib Bear Drive

City State Zip Code  
Centerville OH 45458-3692

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

Name of Employer Occupation  
Premier Health Partners Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011300**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Tammy S Lundstrom MD, JD**

Mailing Address 2417 Mallard Land Apt. 4

City State Zip Code  
Beavercreek OH 45431-3672

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

Name of Employer Occupation  
Providence Hospital Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011301**

Amount of Each Receipt this Period  
375.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Claus von Zychlin**

Mailing Address 6136 Grey Friar Way

City State Zip Code  
Dublin OH 43017-8803

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

Name of Employer Occupation  
Mount Carmel President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011303**

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: PAGE 58 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Sean McKibben**

Mailing Address 793 West State Street

City State Zip Code  
Columbus OH 43222-1551

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

Name of Employer Occupation  
Mount Carmel President and Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011304**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 423 Glendora Avenue

City State Zip Code  
Dayton OH 45409-2204

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

Name of Employer Occupation  
Good Samaritan Hospital President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011337**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael J Maiberger**

Mailing Address 3130 North Dixie Highway

City State Zip Code  
Troy OH 45373-1337

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

Name of Employer Occupation  
Premier Health Partners President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011343**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Clifford R. Lehman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 448 Strathaven  
 City Findlay State OH Zip Code 45840-7468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Hospital Association Occupation Senior Vice President Services & Opera  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : 22011352**  
 Amount of Each Receipt this Period  
 625.00

**B. Mr. Paul R Bengtson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 905  
 City Saint Johnsbury State VT Zip Code 05819-0905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northeastern Vermont Regional Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011355**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. David A. Whitehead**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 Washington Street  
 City Norwich State CT Zip Code 06360-2733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Windham Hospital Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011362**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2125.00  
**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 60 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Donna King**  
Full Name (Last, First, Middle Initial)

Mailing Address 12731 S. 83rd Street

City Palos Park State IL Zip Code 60464-2026

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

Name of Employer Advocate Illinois Masonic Medical Cent Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2014  
**Transaction ID : 22011370**

Amount of Each Receipt this Period 500.00

**B. Ms. Ann M. Varner**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 Ironwood Drive

City O Fallon State MO Zip Code 63368-6333

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

Name of Employer Mercy East Region Occupation Vice President of Mission Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22011381**

Amount of Each Receipt this Period 250.00

**C. Mr. Jeffrey A Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Delmar Boulevard Apt. 304

City Saint Louis State MO Zip Code 63124-2191

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

Name of Employer Mercy Hospital St. Louis Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22011382**

Amount of Each Receipt this Period 850.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Stanley F Hupfeld**

Mailing Address 3030 Northwest Expressway, Suite 1

City State Zip Code  
Oklahoma City OK 73112-5470

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

Name of Employer Occupation  
INTEGRIS Health President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011401**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dennis G. Barger**

Mailing Address 716 Village Dr. E.

City State Zip Code  
Carmel IN 46032-1170

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

Name of Employer Occupation  
Hendricks Regional Health VP Physician Practice Mgnt.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011493**

Amount of Each Receipt this Period  
175.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Jay M. Baumgartner**

Mailing Address 111 Woodlawn Dr.

City State Zip Code  
Warsaw IN 46580-4750

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

Name of Employer Occupation  
Otis R. Bowen Center for Human Service Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011494**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00

**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 62 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Jo Ann Birdzell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12431 Van Buren Street  
 City State Zip Code  
 Crown Point IN 46307-9210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Catherine Hospital CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011496**  
 Amount of Each Receipt this Period  
 250.00

**B. Raymond Dusman, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2109 Turnberry Lane  
 City State Zip Code  
 Fort Wayne IN 46814-9394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Parkview Health Chief Physician Executive  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011508**  
 Amount of Each Receipt this Period  
 250.00

**C. Rick Henvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Bufflehead Run  
 City State Zip Code  
 Fort Wayne IN 46845-9154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Parkview Health COO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011519**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Paul Janssen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Hosier Drive  
 City State Zip Code  
 New Castle IN 47362-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Henry County Hospital President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011523**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Kevin D Leahy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51015 Shamrock Hills Court  
 City State Zip Code  
 Granger IN 46530-7830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Franciscan Alliance President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011533**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Carl W. Risk II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2479 Woods Edge Drive  
 City State Zip Code  
 Madison IN 47250-2389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Vincent Jennings Hospital Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22011551**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 64 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Paula Swenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 Coachman Dr.  
 City Valparaiso State IN Zip Code 46385-2990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Catherine Hospital Occupation Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22011559**  
 Amount of Each Receipt this Period 75.00

**B. Ms. Marlene Weatherwax**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 S. Five Points Road  
 City Indianapolis State IN Zip Code 46259-9754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbus Regional Hospital Occupation Vice President and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22011565**  
 Amount of Each Receipt this Period 250.00

**C. Mr. Sean O'Rourke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Mara Boulevard  
 City Sparta State NJ Zip Code 07871-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Holy Name Medical Center Occupation Vice President, Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013133**  
 Amount of Each Receipt this Period 325.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Kevin J Slavin FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 Lafayette Street  
 City State Zip Code  
 Hackettstown NJ 07840-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 East Orange General Hospital President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013136**  
 Amount of Each Receipt this Period  
 975.00

**B. Nora E. Hoban**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8620 Stonehouse Drive  
 City State Zip Code  
 Ellicott City MD 21043-1954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Maryland Hospital Association Senior Vice President, Policy & Data A  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : 22013245**  
 Amount of Each Receipt this Period  
 255.00

**C. Mr. Sean Barden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11422 Bluff's Ridge  
 City State Zip Code  
 Spotsylvania VA 22551-8915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mary Washington Hospital Executive Vice President and Chief Fin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013696**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1580.00  
**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 66 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Leo DeLeon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1060 First Colonial Road

City Virginia Beach State VA Zip Code 23454-3002

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

Name of Employer Sentara Virginia Beach General Hospita Occupation Vice President Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013705**

Amount of Each Receipt this Period 350.00

**B. Mr. Michael Dudley**  
Full Name (Last, First, Middle Initial)

Mailing Address 708 Fordsmere Ct

City Chesapeake State VA Zip Code 23322-2123

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

Name of Employer Sentara Healthcare Occupation Corporate Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013706**

Amount of Each Receipt this Period 350.00

**C. Mr. Kurt T Hofelich**  
Full Name (Last, First, Middle Initial)

Mailing Address 705 Wild Cherry Court

City Chesapeake State VA Zip Code 23322-7734

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

Name of Employer Sentara Norfolk General Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013707**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James D Krauss**  
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Health Campus Drive

City Harrisonburg State VA Zip Code 22801-3293

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

Name of Employer Sentara RMH Medical Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013708**

Amount of Each Receipt this Period  
 350.00

**B. Mr. Elliot H Kuida**  
Full Name (Last, First, Middle Initial)

Mailing Address 459 Locust Avenue

City Charlottesville State VA Zip Code 22902-9940

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

Name of Employer Martha Jefferson Hospital Occupation Vice President and Chief Operating Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013710**

Amount of Each Receipt this Period  
 350.00

**c. Dr. Stephen A. Morgan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2581 Inglewood Road

City Roanoke State VA Zip Code 24015-4442

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

Name of Employer Carilion Clinic Occupation Senior Vice President and Chief Medica

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013713**

Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Maureen Nugent**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1586 Regatta Lane  
City Reston State VA Zip Code 20194-1218  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Inova Health System Occupation Chief Accounting Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 19 / 2014**  
**Transaction ID : 22013716**  
Amount of Each Receipt this Period **350.00**

**B. Mr. Christopher O'Brien**  
Full Name (Last, First, Middle Initial)  
Mailing Address 204 Kent Oaks Mews  
City Gaithersburg State MD Zip Code 20878-5723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Virginia Hospital Center - Arlington Occupation Vice President, Physician Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 19 / 2014**  
**Transaction ID : 22013717**  
Amount of Each Receipt this Period **350.00**

**C. Ms. Melina Dee Perdue MBA, RN, N**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1906 Belleview Ave Se Unit #307  
City Roanoke State VA Zip Code 24014-1838  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carilion New River Valley Medical Cent Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 19 / 2014**  
**Transaction ID : 22013718**  
Amount of Each Receipt this Period **350.00**

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

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

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

FOR LINE NUMBER: PAGE 69 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Xavier Richardson**

Mailing Address 8121 Lee Jackson Circle

City State Zip Code  
Spotsylvania VA 22553-3819

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

Name of Employer Occupation  
Mary Washington Hospital Executive Vice President Corporate Dev

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
 09 / 19 / 2014  
**Transaction ID : 22013719**

Amount of Each Receipt this Period  
  
 350.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Judie S. Snipes**

Mailing Address 77 Gloucester Court

City State Zip Code  
Troutville VA 24175-6625

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

Name of Employer Occupation  
Carilion Clinic Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
 09 / 19 / 2014  
**Transaction ID : 22013720**

Amount of Each Receipt this Period  
  
 350.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Khiet N. Trinh MD**

Mailing Address 4306 Welby Dr

City State Zip Code  
Midlothian VA 23113-3656

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

Name of Employer Occupation  
Bon Secours St. Mary's Hospital Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
 09 / 19 / 2014  
**Transaction ID : 22013723**

Amount of Each Receipt this Period  
  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶  1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 161
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. H. Patrick Walters**  
Full Name (Last, First, Middle Initial)

Mailing Address 8323 Private Line

City Annandale State VA Zip Code 22304-1594

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

Name of Employer Inova Health System Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013724**

Amount of Each Receipt this Period  
 350.00

**B. Mr Richard Banta Sr**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Buck Branch Road

City Richmond State VA Zip Code 23238-6101

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

Name of Employer Bon Secours-Richmond Community Hospita Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013729**

Amount of Each Receipt this Period  
 350.00

**C. Ms. Francine Barr**  
Full Name (Last, First, Middle Initial)

Mailing Address 4705 Trail Wind Court

City Glen Allen State VA Zip Code 23059-2532

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

Name of Employer Bon Secours St. Mary's Hospital Occupation VP/Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013730**

Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 71 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Kevin Barr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2418 Crowncrest Way  
 City Richmond State VA Zip Code 23233-2518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours-Richmond Community Hospita Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013731**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. Russell Blow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5441 Birdhaven Ct  
 City Virginia Beach State VA Zip Code 23462-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentara Healthcare Occupation Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013732**  
 Amount of Each Receipt this Period  
 350.00

**C. Dr. John Burton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 13367  
 City Roanoke State VA Zip Code 24033-3367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carilion Roanoke Community Hospital Occupation Chair of Emergency Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013733**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 72 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr Joseph Butz**

Mailing Address 919 Graydon Ave

City Norfolk State VA Zip Code 23507-1207

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

Name of Employer Sentara Norfolk General Hospital Occupation Vice President, Cardiac & Transplant P

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013734**

Amount of Each Receipt this Period  
**350.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Mary L Blunt**

Mailing Address 801 Hidden Harbor Ct.

City Chesapeake State VA Zip Code 23322-7076

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

Name of Employer Sentara Norfolk General Hospital Occupation Corporate Vice President and Administr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013735**

Amount of Each Receipt this Period  
**350.00**

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

Mailing Address 1408 Five Hill Trail

City Virginia Beach State VA Zip Code 23452-4704

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

Name of Employer Chesapeake Regional Medical Center Occupation Vice President of Medical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013740**

Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1050.00**

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



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

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

FOR LINE NUMBER: PAGE 73 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Ben Clark**

Mailing Address 1920 Atherholt Road

City Lynchburg      State VA      Zip Code 24501-1104

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

Name of Employer Centra Lynchburg General Hospital      Occupation Vice President and Chief Information O

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013741**

Amount of Each Receipt this Period  
**350.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Eileen L Dohmann MBA, RN**

Mailing Address 2300 Fall Hill Ave Ste 201

City Fredericksburg      State VA      Zip Code 22401-3342

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

Name of Employer Mary Washington Hospital      Occupation Vice President Quality and Patient Saf

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013742**

Amount of Each Receipt this Period  
**350.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Teresa L Edwards**

Mailing Address 1519 Peyton Ln

City Chesapeake      State VA      Zip Code 23320-7671

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

Name of Employer Sentara Leigh Hospital      Occupation Vice President and Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013743**

Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr Lester R Eljaiek**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Althea Ct

City Chesapeake State VA Zip Code 23322-1299

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

Name of Employer Sentara Norfolk General Hospital Occupation Vice President Hospital Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013744**

Amount of Each Receipt this Period 350.00

**B. Ms. Connie Garnett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Powhatan Ct

City Norfolk State VA Zip Code 23508-1021

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

Name of Employer Sentara Healthcare Occupation Vice President of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013745**

Amount of Each Receipt this Period 350.00

**C. Mr. Antony D Herbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 11528 Tottenham Place

City Richmond State VA Zip Code 23233-1754

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

Name of Employer Bon Secours-Richmond Community Hospita Occupation Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013763**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James Hilbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 1060 First Colonial Road

City Virginia Beach State VA Zip Code 23454-3002

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

Name of Employer Sentara Virginia Beach General Hospita Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014

**Transaction ID : 22013764**

Amount of Each Receipt this Period 350.00

**B. Ms. Kay Hix**  
Full Name (Last, First, Middle Initial)

Mailing Address 2784 Lakeview Road

City Troutville State VA Zip Code 24175-2750

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

Name of Employer Carilion Clinic Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014

**Transaction ID : 22013765**

Amount of Each Receipt this Period 350.00

**C. Ms. Linda Huffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Ramsey Court

City Loveland State OH Zip Code 45140-8556

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

Name of Employer Sentara Healthcare Occupation President, Sentara Enterprises

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014

**Transaction ID : 22013766**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 161
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. William D Jacobsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Floyd Avenue

City Rocky Mount State VA Zip Code 24151-1318

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

Name of Employer Carilion Franklin Memorial Hospital Occupation Vice President, Regional Hospital

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013767**

Amount of Each Receipt this Period 350.00

**B. Mr. James Juillerat**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 66551

City Virginia Beach State VA Zip Code 23466-6551

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

Name of Employer Sentara Healthcare Occupation VP/Chief Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013769**

Amount of Each Receipt this Period 350.00

**C. Ms. Natalie Kaszubowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 East 40th Street

City Norfolk State VA Zip Code 23504-1010

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

Name of Employer Sentara Healthcare Occupation Vice President Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : 22013770**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas S Kluge**  
Full Name (Last, First, Middle Initial)

Mailing Address 2204 Wilborn Avenue

City South Boston State VA Zip Code 24592-1638

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

Name of Employer Halifax Regional Health System Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013771**

Amount of Each Receipt this Period  
 350.00

**B. Mr. Michael King**  
Full Name (Last, First, Middle Initial)

Mailing Address 4271 Brown Roan Ln

City Harrisonburg State VA Zip Code 22801-8310

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

Name of Employer EI Camino Hospital Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013784**

Amount of Each Receipt this Period  
 350.00

**C. Ms. Donna Littlepage**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25

City Roanoke State VA Zip Code 24002-0025

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

Name of Employer Carilion Clinic Occupation Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 22013785**

Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 78 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms Darleen Mastin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4748 Totteridge Lane  
 City Virginia Beach State VA Zip Code 23462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentara Healthcare Occupation Sr. Vice President/COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 19 / 2014**  
**Transaction ID : 22013786**  
 Amount of Each Receipt this Period **350.00**

**B. Dr Raymond McCue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 Mowbray Arch  
 City Norfolk State VA Zip Code 23507-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours-DePaul Medical Center Occupation Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 19 / 2014**  
**Transaction ID : 22013787**  
 Amount of Each Receipt this Period **350.00**

**C. Ms. Mary Morin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3523 Colmar Quarter  
 City Norfolk State VA Zip Code 23509-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentara Norfolk General Hospital Occupation Director, Acute Care Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 19 / 2014**  
**Transaction ID : 22013788**  
 Amount of Each Receipt this Period **350.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> 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 79 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Anthony Nader**

Mailing Address 13311 Ivakota Farm Rd

City State Zip Code  
Clifton VA 20124-1542

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

Name of Employer Occupation  
Inova Health System Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013789**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Philip Nolan**

Mailing Address 1557 Dominion Hill Ct

City State Zip Code  
McLean VA 22101-4667

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

Name of Employer Occupation  
Inova Health System Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013790**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Joseph M Oddis**

Mailing Address 3636 High Street

City State Zip Code  
Portsmouth VA 23707-3236

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

Name of Employer Occupation  
Bon Secours Maryview Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013791**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 80 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Megan Padden**

Mailing Address 4417 Corporation Lane

City State Zip Code  
Virginia Beach VA 23462-3162

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

Name of Employer Occupation  
Sentara Healthcare Director Community Relations and Advoc

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013792**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sylvia Richendollar**

Mailing Address 5466 Hunt Club Drive

City State Zip Code  
Virginia Beach VA 23462-3413

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

Name of Employer Occupation  
Sentara Norfolk General Hospital Director Laboratory Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013867**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Gary L Scott**

Mailing Address 4656 Afton Lane

City State Zip Code  
Roanoke VA 24012-8700

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

Name of Employer Occupation  
Carilion Clinic Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : 22013868**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Michael Spine**  
Full Name (Last, First, Middle Initial)

Mailing Address 8580 Magellan Parkway

City	State	Zip Code
Richmond	VA	23227-1149

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

Name of Employer	Occupation
Bon Secours-Richmond Community Hospita	Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

**Transaction ID : 22013870**

Amount of Each Receipt this Period  

350.00
--------

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

Mailing Address 103 Manokin Turn

City	State	Zip Code
Yorktown	VA	23693-2787

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

Name of Employer	Occupation
Sentara Healthcare	Chief Learning Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

**Transaction ID : 22013874**

Amount of Each Receipt this Period  

350.00
--------

**C. Mr. Eric Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Semmes Ave

City	State	Zip Code
Norfolk	VA	23503-4826

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

Name of Employer	Occupation
Sentara Leigh Hospital	Vice President of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

**Transaction ID : 22013881**

Amount of Each Receipt this Period  

350.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<b>TOTAL</b> 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 82 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Randy Doherty CPA**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Pond Street

City Braintree State MA Zip Code 02184-5351

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

Name of Employer Braintree Rehabilitation Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 22016628**

Amount of Each Receipt this Period  
 262.50

**B. Dr. Robert W Pryor MD, MBA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2401 South 31st Street

City Temple State TX Zip Code 76508-0001

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

Name of Employer Baylor Scott & White Health Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : 22016635**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Elliot T Joseph**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Sunningdale

City Farmington State CT Zip Code 06032-1460

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

Name of Employer Hartford HealthCare Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : 22016636**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1262.50
<b>TOTAL</b> 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 83 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Rulon F Stacey PhD, FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2450 Riverside Avenue  
 City State Zip Code  
 Minneapolis MN 55454-1450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fairview Health Services President and Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22016638**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Stephen M. Ahnen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Airport Road  
 City State Zip Code  
 Concord NH 03301-7300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Hampshire Hospital Association President and CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 864.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 22017230**  
 Amount of Each Receipt this Period  
 45.50

**C. Ms. Paula Minnehan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 283 Gallopiny Hill Road  
 City State Zip Code  
 Hopkinton NH 03229-3402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Hampshire Hospital Association V.P., Finance and Rural Hospitals  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 317.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 22017231**  
 Amount of Each Receipt this Period  
 16.70

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.20
<b>TOTAL</b> 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 84 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas A Dee**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Hospital Drive

City Bennington State VT Zip Code 05201-5004

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

Name of Employer Southwestern Vermont Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 22017233**

Amount of Each Receipt this Period  
 350.00

**B. Dr. Warren Austin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3636 High Street

City Portsmouth State VA Zip Code 23707-3236

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

Name of Employer Bon Secours Maryview Medical Center Occupation Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : 22017259**

Amount of Each Receipt this Period  
 350.00

**C. Ms. Peggy J. Braun**  
Full Name (Last, First, Middle Initial)

Mailing Address 3116 Yeates Lane

City Virginia Beach State VA Zip Code 23452-6117

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

Name of Employer Sentara Virginia Beach General Hospita Occupation Vice President, Nurse Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : 22017260**

Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 85 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. W Scott Burnette</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 <b>Transaction ID : 22017261</b>
Mailing Address P O Box 90		Amount of Each Receipt this Period 350.00
City South Hill	State VA	Zip Code 23970-0090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer VCU Community Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Ronald Cottrell</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 <b>Transaction ID : 22017263</b>
Mailing Address 3304 Healthcote Lane		Amount of Each Receipt this Period 350.00
City Keswick	State VA	Zip Code 22947-9163
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Martha Jefferson Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Shirley Holland</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 <b>Transaction ID : 22017264</b>
Mailing Address 161 Lila Lane		Amount of Each Receipt this Period 350.00
City Boones Mill	State VA	Zip Code 24065-3749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Carilion Clinic	Occupation Vice President/Strategic Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 86 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Gregory Kauffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Sam Perry Boulevard  
 City Fredericksburg State VA Zip Code 22401-4453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary Washington Healthcare Occupation Chief of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22017265**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr Thomas Lundquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1704 N Muddy Creek Rd  
 City Virginia Beach State VA Zip Code 23456-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentara Healthcare Occupation Senior Vice President & Chief Medical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22017277**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. Greg Napps**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Country Club Rd  
 City Culpeper State VA Zip Code 22701-3316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Culpeper Regional Hospital Occupation Vice President Operations and Chief Op  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22017278**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 87 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

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

Mailing Address 43101 Finders Lane

City State Zip Code  
South Riding VA 20152-3444

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

Name of Employer Occupation  
Inova Health System Senior Vice President Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22017281**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Terri Spence**

Mailing Address 4720 Skip Jack CT

City State Zip Code  
Virginia Beach VA 23464-6309

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

Name of Employer Occupation  
Bon Secours Health System, Inc. VP Information Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22017282**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Thomas B Thames MD**

Mailing Address 800 Independence Boulevard

City State Zip Code  
Virginia Beach VA 23455-6005

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

Name of Employer Occupation  
Sentara Princess Anne Hospital President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22017283**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 88 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John May**

Mailing Address 7 Sun Bonnett Lane

City Morgantown      State WV      Zip Code 26508-2536

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

Name of Employer Sistersville General Hospital      Occupation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018070**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Evelyn Letnaunchyn**

Mailing Address 225 Ariel Heights

City Charleston      State WV      Zip Code 25311-1143

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

Name of Employer N/A      Occupation Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018073**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**c. Mr. George G Couch FACHE, MBA**

Mailing Address 36 Floral Drive

City Wheeling      State WV      Zip Code 26003-5464

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

Name of Employer Wheeling Hospital      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018074**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Todd Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Water Side Circle

City Winfield State WV Zip Code 25213-9551

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

Name of Employer St. Mary's Medical Center Occupation Senior VP & COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : 22018077**

Amount of Each Receipt this Period  
250.00

**B. Ms. Mary Beth Barr RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 217 Woodlawn Drive

City Petersburg State WV Zip Code 26847-5418

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

Name of Employer Grant Memorial Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : 22018082**

Amount of Each Receipt this Period  
250.00

**C. Mr. David M Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address 2330 Hickory Ridge Road

City Ashland State KY Zip Code 41101-3604

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

Name of Employer Cabell Huntington Hospital Occupation SR. VP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : 22018083**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Tony J. Gregory**

Mailing Address 1158 Creekstone Ridge

City State Zip Code  
South Charleston WV 25309-9473

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

Name of Employer Occupation  
West Virginia Hospital Association VP Legislative Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : 22018084**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 124 Brady Drive

City State Zip Code  
Barboursville WV 25504-2220

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

Name of Employer Occupation  
St. Mary's Medical Center Foundation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : 22018085**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. David K McClure**

Mailing Address 730 57th Street

City State Zip Code  
Vienna WV 26105-3244

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

Name of Employer Occupation  
Camden Clark Medical Center CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : 22018086**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 91 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Randy W. Buzzo**

Mailing Address 273 Lakeview Drive

City Morgantown      State WV      Zip Code 26508-8081

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

Name of Employer Monongalia General Hospital      Occupation Board Member

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018093**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Angela Swearingen**

Mailing Address 3788 Blue Sulphur Road

City Ona      State WV      Zip Code 25545-9760

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

Name of Employer St. Mary's Medical Center      Occupation VP Finance/CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018094**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Hoyt J Burdick MD**

Mailing Address 251 High Drive

City Huntington      State WV      Zip Code 25705-3527

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

Name of Employer Cabell Huntington Hospital      Occupation Vice President & Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018095**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mrs. Sue E Johnson-Phillippe FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Fairlawn Drive  
 City Buckhannon State WV Zip Code 26201-2276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph's Hospital of Buckhannon Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2014  
**Transaction ID : 22018098**  
 Amount of Each Receipt this Period 250.00

**B. Mr. Kevin N Fowler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 High Drive  
 City Huntington State WV Zip Code 25705-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cabell Huntington Hospital Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2014  
**Transaction ID : 22018100**  
 Amount of Each Receipt this Period 250.00

**C. Ms. Vickie Gay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 Waterplant Road  
 City Fayetteville State WV Zip Code 25840-5215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montgomery General Hospital Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.00

Date of Receipt 09 / 25 / 2014  
**Transaction ID : 22018103**  
 Amount of Each Receipt this Period 317.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 817.00  
**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 93 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark Doak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address RR 1 Box 180  
 City State Zip Code  
 Beverly WV 26253-9753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Davis Memorial Hospital Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018112**  
 Amount of Each Receipt this Period  
 450.00

**B. Mr. Timothy M. Parnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1412 North 4th Street  
 City State Zip Code  
 Ironton OH 45638-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Mary's Medical Center VP Support Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018114**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Shelia M. Kyle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Mockingbird Drive  
 City State Zip Code  
 Milton WV 25541-1131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Mary's Medical Center VP School of Nursing & Health  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 22018121**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**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 94 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Daris Rosencrance**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 Meadland Meadows Road

City	State	Zip Code
Flemington	WV	26347-6353

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

Name of Employer	Occupation
Monongalia General Hospital	Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

**Transaction ID : 22018132**

Amount of Each Receipt this Period  

250.00
--------

**B. Mr. Michael Caruso MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Elm Street

City	State	Zip Code
Wheeling	WV	26003-6010

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

Name of Employer	Occupation
Ohio Valley Medical Center	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

**Transaction ID : 22018138**

Amount of Each Receipt this Period  

250.00
--------

**C. Mr. James A. Diegel FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 NE Neff Road

City	State	Zip Code
Bend	OR	97701-6015

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

Name of Employer	Occupation
St. Charles Health System, Inc.	President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : 22018177**

Amount of Each Receipt this Period  

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> 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 95 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Sharon M. Bass Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2619 Blue Heron Circle

City Roanoke State VA Zip Code 24018-5133

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

Name of Employer Carilion Clinic Occupation Vice President Imaging & Pharmacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : 22063699**

Amount of Each Receipt this Period 350.00

**B. Mr. Jerome G. Geraghty**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Chapelwood Court

City Timonium State MD Zip Code 21093-2811

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

Name of Employer Blades & Rosenfeld, P.A. Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : 22081890**

Amount of Each Receipt this Period 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$255.00 This changes the YTD Total to \$0.00

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

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1045726232078**

Amount of Each Receipt this Period 76.94

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 426.94

**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 96 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Schulke</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 155 N. Wacker Dr.		<b>Transaction ID : PR1057462132078</b>
City Chicago	State IL	Zip Code 60606-1709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation VP Research Programs	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.93	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sarah B. Macchiarola</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID : PR1082532732078</b>
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.94
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.93	

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Jellen</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 206 N Royal St		<b>Transaction ID : PR1113464232078</b>
City Alexandria	State VA	Zip Code 22314-2627
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.94
Name of Employer American Hospital Association-Washingt	Occupation Section Director, Constituency Section	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.93	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.82
<b>TOTAL</b> 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 97 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Lisa Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1118928232078**  
Amount of Each Receipt this Period 26.94  
P/R Deduction (\$13.47 Bi-Weekly)

**B. Mr. Dale A Kirby**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 331  
City Colusa State CA Zip Code 95932-0331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1125892332078**  
Amount of Each Receipt this Period 76.94  
P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Mary Meadows**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1260472932078**  
Amount of Each Receipt this Period 26.94  
P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.82
<b>TOTAL</b> 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 98 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR1347703632078**

Amount of Each Receipt this Period  
**38.48**

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

Full Name (Last, First, Middle Initial)  
**B. Ms. Susan Gergely MBA**

Mailing Address 155 N Wacker Dr

City Chicago State IL Zip Code 60606-1787

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

Name of Employer AONE Occupation Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR1347791032078**

Amount of Each Receipt this Period  
**26.94**

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City Alexandria State VA Zip Code 22302-2107

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Advocacy and Member Co

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR1348169732078**

Amount of Each Receipt this Period  
**26.94**

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **92.36**

**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 99 OF 161
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Sharon Allen</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 155 N Wacker Dr		<b>Transaction ID : PR1474886232078</b>
City Chicago	State IL	Zip Code 60606-1709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.94
Name of Employer ASHHRA	Occupation Associate Executive Director	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.93	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Colucci</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 1061 N Penny Ln		<b>Transaction ID : PR1475133732078</b>
City Palatine	State IL	Zip Code 60067-1821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.48
Name of Employer American Hospital Association-Chicago	Occupation National Director Sponsorship and Unde	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.56	

Full Name (Last, First, Middle Initial) <b>C. Ms. Fannie D. Wade</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 7706 Heartwood Lane		<b>Transaction ID : PR1476385732078</b>
City Upper Marlboro	State MD	Zip Code 20772-4323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.94
Name of Employer American Hospital Association-Washingt	Occupation Executive Administrator	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.93	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.36
<b>TOTAL</b> 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 100 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Monica D Day**  
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Telfair Blvd  
D319

City Suitland State MD Zip Code 20746-4271

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

Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.93**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1516850632078**

Amount of Each Receipt this Period  
**26.94**

P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Elisa Arespacochaga**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.93**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1555656232078**

Amount of Each Receipt this Period  
**26.94**

P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Kathy Poole**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.93**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1589439932078**

Amount of Each Receipt this Period  
**26.94**

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **80.82**

**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 101 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Kimberly Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director Travel Meeting Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1590809132078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Mr. Bob Kehoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 N Wacker Dr Fl 7  
 City Chicago State IL Zip Code 60606-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Facilities Management Magazine Occupation Executive Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1625368332078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Mr. Bill Ladewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Membership Associate, Center for Heat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1625369132078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.82  
**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 102 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Joan Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Education Program Manager, HRET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1625587832078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Monique Showalter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director, Marketing AHA Solutions, Inc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1625602232078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Mr. Stephen Hines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 North Wacker Drive  
 City Chicago State IL Zip Code 60606-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1648726632078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.82
<b>TOTAL</b> 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 103 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Erik Rasmussen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1819487932078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Aimee Kuhlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Fed. Relatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1877582332078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Shari Dexter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director, Political Action  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1878189832078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.36
<b>TOTAL</b> 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 104 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms Beverly Hancock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 N. Wacker Dr.  
 City Chicago State IL Zip Code 60606-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Dir Educational Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.65

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1913189332078**  
 Amount of Each Receipt this Period 31.82  
 P/R Deduction (\$15.91 Bi-Weekly)

**B. Ms. Joanna Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1913190532078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Evelyn Knolle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 City Washington State DC Zip Code 20004-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1913190732078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.24
<b>TOTAL</b> 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 105 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Juanita Myrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Director, Employee Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.50

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1913192532078**

Amount of Each Receipt this Period 27.00

P/R Deduction (\$13.50 Bi-Weekly)

**B. Ms. Jennifer Schleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Media Relat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1913194032078**

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C. Ms. Janet Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1709

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

Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1937843132078**

Amount of Each Receipt this Period 38.48

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.48

**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 106 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Diane Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1943461532078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Stacey Chappell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 N. Wacker Drive  
 Suite 400  
 City Chicago State IL Zip Code 60606-1719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Senior Communications Specialist, Advo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1963876232078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Mr. Jeff Goldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Vice President of Coverage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1978358632078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.90  
**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 107 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

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

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR327629132078**

Amount of Each Receipt this Period **76.94**

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

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

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR327771632078**

Amount of Each Receipt this Period **76.94**

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

**C. Ms. Suzanne R. Sonik**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR32777232078**

Amount of Each Receipt this Period **38.48**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>192.36</b>
<b>TOTAL</b> 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 108 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

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

Mailing Address 1022 S. Harvey Avenue

City State Zip Code  
Oak Park IL 60304-2132

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.93

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2014  
**Transaction ID : PR32777832078**

Amount of Each Receipt this Period  
76.94

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

Full Name (Last, First, Middle Initial)  
**B. Mr. Neil Jesuele**

Mailing Address 155 N Wacker Dr

City State Zip Code  
Chicago IL 60606-1709

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

Name of Employer Occupation  
American Hospital Association Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.56

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2014  
**Transaction ID : PR327801732078**

Amount of Each Receipt this Period  
38.48

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

Full Name (Last, First, Middle Initial)  
**C. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer Occupation  
American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.93

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2014  
**Transaction ID : PR327812032078**

Amount of Each Receipt this Period  
76.94

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

**SUBTOTAL** of Receipts This Page (optional)..... ► 192.36

**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 109 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Joan H. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6034 North 22nd Street  
 City Arlington State VA Zip Code 22205-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR327831732078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. Robert J. Donovan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin Street  
 City Chicago State IL Zip Code 60606-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR327846232078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Ellen A. Pryga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 Calvert Street, NW Apt. 1008  
 City Washington State DC Zip Code 20008-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR327851932078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	103.90
<b>TOTAL</b> 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 110 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark Seklecki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **730.93**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR327858032078**  
 Amount of Each Receipt this Period **76.94**  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. John F. Barry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Millis State MA Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **730.93**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR327877832078**  
 Amount of Each Receipt this Period **76.94**  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. George F. Bergstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 North Garland Court  
 #3002  
 City Chicago State IL Zip Code 60602-4750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **730.93**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR327895732078**  
 Amount of Each Receipt this Period **76.94**  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.82</b>
<b>TOTAL</b> 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 111 OF 161  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Eileen M. Collins Offner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director Policy Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93  
 Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR327906132078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Mr. Thomas J. Bonner FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 679010  
 City Austin State TX Zip Code 78767-9010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00  
 Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR327983732078**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Mr. Richard J. Umbdenstock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93  
 Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR328132832078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 203.88  
**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 112 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Lorschach</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 204 7th Ave		<b>Transaction ID : PR328136932078</b>
City La Grange	State IL	Zip Code 60525-6406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice President, Member Relations	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.93	

Full Name (Last, First, Middle Initial) <b>B. Ms. Donna J. Melkonian</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 5545 North Wayne		<b>Transaction ID : PR328223832078</b>
City Chicago	State IL	Zip Code 60640-1318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation Vice President	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.93	

Full Name (Last, First, Middle Initial) <b>C. Mr. Ron O. Purcell</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 1093 N. Faldo Way		<b>Transaction ID : PR328241432078</b>
City Eagle	State ID	Zip Code 83616-5369
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.93	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.82
<b>TOTAL</b> 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 113 OF 161		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Richard J. Pollack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3475 North Venice Street  
 City Arlington State VA Zip Code 22207-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR328260932078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Carolyn Forcina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Clover Hill Court  
 City Yardley State PA Zip Code 19067-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR328511832078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Alicia N. Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 N. Harrison Street  
 City Arlington State VA Zip Code 22205-2726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR328512032078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.82
<b>TOTAL</b> 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 114 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. George Arges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin St.  
 City Chicago State IL Zip Code 60606-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Senior Director, Health Data Managemen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR328641132078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. Anthony S Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 N Wacker Dr  
 City Chicago State IL Zip Code 60606-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AHA Solutions, Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR328913332078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Rebecca Chickey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin Street  
 City Chicago State IL Zip Code 60606-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation SPSA Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR329013432078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 153.90  
**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 115 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. John R. Combes**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR329071332078**

Amount of Each Receipt this Period **76.94**

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

**B. Ms. Robyn L. Bash**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **659.56**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR329084432078**

Amount of Each Receipt this Period **97.28**

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

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

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR329215732078**

Amount of Each Receipt this Period **76.94**

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

**SUBTOTAL** of Receipts This Page (optional)..... **251.16**

**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 116 OF 161  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John Evans**

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606-4425

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

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.93**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR329342632078**

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Patricia Meersman**

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR330343332078**

Amount of Each Receipt this Period **38.48**

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

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR330411632078**

Amount of Each Receipt this Period **76.94**

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

**SUBTOTAL** of Receipts This Page (optional)..... **142.36**

**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 117 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Maureen D. Mudron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR330465232078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Mr. Paul N. Muraca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 138th Circle West  
 City Apple Valley State MN Zip Code 55124-9229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR330475432078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. Gene O'Dell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR330547732078**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.36
<b>TOTAL</b> 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 118 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Eileen O'Keefe</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR330549232078</b>
Mailing Address 172 Atteridge		Amount of Each Receipt this Period 76.94
City Lake Forest	State IL	Zip Code 60045-1715
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Constituency Section	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.93	

Full Name (Last, First, Middle Initial) <b>B. Mr. Anthony Spohn</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR331098332078</b>
Mailing Address 3219 N. Oriole		Amount of Each Receipt this Period 38.48
City Chicago	State IL	Zip Code 60634-3232
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, Associate Membersh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.56	

Full Name (Last, First, Middle Initial) <b>C. Ms. Debi H. Tucker Esq.</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR331278832078</b>
Mailing Address 1101 N. Kentucky Street		Amount of Each Receipt this Period 38.48
City Arlington	State VA	Zip Code 22205-3515
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, State Issues Forum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.90
<b>TOTAL</b> 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 119 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Darlene S. Vanderbush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 West Glendale Ave.  
 City Alexandria State VA Zip Code 22301-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Operations - APP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR331304232078**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Jo Ann Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR331379132078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Judy Weinsheimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.93

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR331386932078**  
 Amount of Each Receipt this Period 26.94  
 P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.82  
**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 120 OF 161
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dale Woodin**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 W. Central Road

City State Zip Code  
Arlington Heights IL 60005-2349

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.93**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR331481332078**

Amount of Each Receipt this Period  
**26.94**

P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Megan Cundari**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer Occupation  
American Hospital Association-Washingt Senior Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR518031932078**

Amount of Each Receipt this Period  
**76.94**

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

**C. Ms. Laura M. Werner**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer Occupation  
American Hospital Association-Washingt Associate Director, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR560101532078**

Amount of Each Receipt this Period  
**38.48**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>142.36</b>
<b>TOTAL</b> 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 121 OF 161
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Ashley B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 606 S. Royal St.  
 City Alexandria State VA Zip Code 22314-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **730.93**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR766023732078**  
 Amount of Each Receipt this Period **76.94**  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Rochelle M. Archuleta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **255.93**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR801366332078**  
 Amount of Each Receipt this Period **26.94**  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Lisa Kidder Hrobsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1278  
 City Boise State ID Zip Code 83701-1278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Idaho Hospital Association Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **346.32**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR876637232078**  
 Amount of Each Receipt this Period **19.24**  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>123.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>93020.25</b>

**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 122 OF 161
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7100.00

Date of Receipt  
09 / 05 / 2014  
**Transaction ID : 21997421**

Amount of Each Receipt this Period  
850.00

Full Name (Last, First, Middle Initial)  
**B. Montana Association PAC - Federal Fund**

Mailing Address P.O. Box 5119

City Helena State MT Zip Code 59604-5119

FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9050.00

Date of Receipt  
09 / 11 / 2014  
**Transaction ID : 22003411**

Amount of Each Receipt this Period  
9050.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9900.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 OF 161  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. TD Bank**

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2208.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 22041862**

Amount of Each Receipt this Period  
230.01

Interest Earned

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.01
<b>TOTAL</b> This Period (last page this line number only).....▶	230.01

**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 124 OF 161
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Congressman Waxman Campaign Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2014 <b>Transaction ID : 22001405</b>
Mailing Address 6380 Wilshire Blvd., #1612		Amount of Each Receipt this Period 5000.00
City Los Angeles	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. C C00013128		Refund of 12/13 Contribution
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Paymentech**

Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 22041863**

Amount of Each Disbursement this Period  
28.50

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 22041864**

Amount of Each Disbursement this Period  
117.96

Bank Fee

Full Name (Last, First, Middle Initial)

**C. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : 22041866**

Amount of Each Disbursement this Period  
114.16

Merchant Fees

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

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

260.62  
260.62

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Thune**

Mailing Address PO Box 841

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
2016 Contribution

Category/  
Type

Candidate Name  
**Sen. John R. Thune**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SD District:

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989160**  
Amount of Each Disbursement this Period

2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address PO Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Rep. Kevin Patrick Brady**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TX District: 08

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989163**  
Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City State Zip Code  
Bowling Green KY 42102

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Rep. S. Brett Guthrie**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989164**  
Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Billy Long**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989166**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Thomas Edmunds Price M.D.**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989179**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989180**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. John M. Shimkus**

Office Sought:  House  
 Senate  
 President  
State: IL District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989186**

Amount of Each Disbursement this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989187**

Amount of Each Disbursement this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Todd Young**

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989188**

Amount of Each Disbursement this Period  
1000.00

Contribution

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

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

3000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Eye of the Tiger PAC**

Mailing Address 3100 Ridgelake - Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**Eye of the Tiger PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989194**

Amount of Each Disbursement this Period

2500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**

Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**Lone Star Leadership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989195**

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. TENN PAC**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**TENN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989197**

Amount of Each Disbursement this Period

5000.00

2014 Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Don Beyer**

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
**Donald Beyer Jr**

Office Sought:  House  
 Senate  
 President  
State: VA District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989198**  
Amount of Each Disbursement this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Gary Palmer For Congress**

Mailing Address 1919 Oxmoor Rd #235

City Homewood State AL Zip Code 35209

Purpose of Disbursement  
Contribution

Candidate Name  
**Gary Palmer**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989199**  
Amount of Each Disbursement this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Martha Roby For Congress**

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Martha Roby**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989200**  
Amount of Each Disbursement this Period  
2000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Cook For Congress**

Mailing Address PO Box 365

City Yucca Valley State CA Zip Code 92286

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul Cook**

Office Sought:  House  
 Senate  
 President  
State: CA District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21989202**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Ted Deutch For Congress Committee**

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ted Deutch**

Office Sought:  House  
 Senate  
 President  
State: FL District: 21

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21989209**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Tom Rooney For Congress**

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City Punta Gorda State FL Zip Code 33950

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Thomas J. Rooney**

Office Sought:  House  
 Senate  
 President  
State: FL District: 17

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21989210**

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ros-Lehtinen For Congress**

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ileana Ros-Lehtinen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 27

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989211**

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Democrats Win Seats PAC**

Mailing Address 1071 Turin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Democrats Win Seats PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989212**

Amount of Each Disbursement this Period

2500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989213**

Amount of Each Disbursement this Period

1500.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989214**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Davis For Congress/Friends Of Davis**

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Danny K. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989218**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Rodney For Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Rodney L. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989221**

Amount of Each Disbursement this Period

2000.00

Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Enyart For Congress**

Mailing Address PO Box 308

City State Zip Code  
Belleville IL 62222

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

**Rep. William Enyart**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21989224**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Foster For Congress**

Mailing Address P.O. Box 9104

City State Zip Code  
Aurora IL 60598

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

**Rep. Bill Foster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21989225**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Gutierrez For Congress**

Mailing Address 5310 W. Cullom Ave.

City State Zip Code  
Chicago IL 60641

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

**Rep. Luis V. Gutierrez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

**Transaction ID : 21989226**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

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

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

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Schneider For Congress**

Mailing Address PO Box 1318

City State Zip Code  
Deerfield IL 60015

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Brad Schneider**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989227**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Daines For Montana**

Mailing Address PO Box 1598

City State Zip Code  
Helena MT 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve Daines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989232**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Pascrell For Congress**

Mailing Address P.O. Box 100

City State Zip Code  
Teaneck NJ 07666

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. William J. Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989659**

Amount of Each Disbursement this Period

2500.00

Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989660**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Grace For New York**

Mailing Address 49-04 43rd Ave

City Woodside State NY Zip Code 11377

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Grace Meng**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989661**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Latta For Congress**

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Bob Latta**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989662**

Amount of Each Disbursement this Period

1000.00

Contribution

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

5000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	4

**Transaction ID : 21989663**

Amount of Each Disbursement this Period

1	3	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Charlie W. Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	4

**Transaction ID : 21989664**

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Doyle For Congress Committee**

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael F. Doyle**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	4

**Transaction ID : 21989665**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

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

7	3	0	0	.	0	0
---	---	---	---	---	---	---

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

7	3	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Marino For Congress**

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tom Marino**

Office Sought:  House  
 Senate  
 President  
State: PA District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989666**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Patriots For Perry**

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott Perry**

Office Sought:  House  
 Senate  
 President  
State: PA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21989667**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Rothfus For Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Keith Rothfus**

Office Sought:  House  
 Senate  
 President  
State: PA District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 21990912**

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997488**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Al Franken For Senate 2014**

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Al Franken**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997489**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Southern Missourian in the House PAC**

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Mr. Southern Missourian in the House PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997492**

Amount of Each Disbursement this Period

1000.00

2014 Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Walter Jones Committee**

Mailing Address PO Box 3962

City State Zip Code  
Greenville NC 27836

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Walter B. Jones Jr.**

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997529**  
Amount of Each Disbursement this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Meadows For Congress**

Mailing Address PO Box 811

City State Zip Code  
Hendersonville NC 28793

Purpose of Disbursement  
Contribution

Candidate Name  
**Mark Meadows**

Office Sought:  House  
 Senate  
 President  
State: NC District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997534**  
Amount of Each Disbursement this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City State Zip Code  
State College PA 16804

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Glenn W. Thompson**

Office Sought:  House  
 Senate  
 President  
State: PA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997536**  
Amount of Each Disbursement this Period  
1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael C. Burgess M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997537**

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Mark Robert Warner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997539**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Connolly For Congress**

Mailing Address 3706 Prado Place

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Gerald E. Connolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997540**

Amount of Each Disbursement this Period

2500.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Forbes For Congress**

Mailing Address PO Box 15100

City State Zip Code  
Chesapeake VA 23328

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. J. Randy Forbes**

Office Sought:  House  
 Senate  
 President  
State: VA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21997543**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Goodlatte For Congress Committee**

Mailing Address P.O. Box 292

City State Zip Code  
Roanoke VA 24002

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bob W. Goodlatte**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21997545**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Morgan Griffith For Congress**

Mailing Address PO Box 361

City State Zip Code  
Christiansburg VA 24068

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Morgan H. Griffith**

Office Sought:  House  
 Senate  
 President  
State: VA District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21997552**

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Rigell For Congress**

Mailing Address 915 First Colonial Road  
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott E. Rigell**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21997554**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Rob Wittman For Congress**

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Robert J. Wittman**

Office Sought:  House  
 Senate  
 President  
State: VA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21997556**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Good Fund, The**

Mailing Address PO Box 3404

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Good Fund, The**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 21997557**

Amount of Each Disbursement this Period

2014 Contribution

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Forward Together PAC**

Mailing Address 201 N. Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**Forward Together PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 21997559**

Amount of Each Disbursement this Period

5000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name  
**Sen. Pat Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 22013778**

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Murphy For Congress**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Tim F. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 22013779**

Amount of Each Disbursement this Period

1000.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Pryor For Us Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Mark L. Pryor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013780**

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For Us Senate Inc**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013781**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Susan Davis For Congress**

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Susan A. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013782**

Amount of Each Disbursement this Period

1000.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013783**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Jeff Duncan For Congress**

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jeff Duncan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013793**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Jeff Duncan For Congress**

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jeff Duncan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013794**

Amount of Each Disbursement this Period

2500.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. King For Congress**

Mailing Address 202 W 2nd St.  
PO Box 398

City Wall Lake State IA Zip Code 51466

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve A. King**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013800**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Re-Elect Mcgovern Committee**

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James P. McGovern**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013802**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

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

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013803**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ann Wagner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013804**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Leadership For Today and Tomorrow**

Mailing Address 625 3rd Street, NE  
Suite #2

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Leadership For Today and Tomorrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013805**

Amount of Each Disbursement this Period

2000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Lucille Roybal-Allard For Congress**

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Lucille Roybal-Allard**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013806**

Amount of Each Disbursement this Period

1000.00

Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City State Zip Code  
Palm Desert CA 92261

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Raul Ruiz MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013807**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City State Zip Code  
Blackfoot ID 83221

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Mike K. Simpson**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013821**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kinzinger For Congress**

Mailing Address PO Box 2365

City State Zip Code  
Ottawa IL 61350

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Adam Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013822**

Amount of Each Disbursement this Period

2000.00

Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Dan Lipinski For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address P.O. Box 520		<b>Transaction ID : 22013823</b>
City Western Springs	State IL	
Zip Code 60558	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Daniel William Lipinski</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 03	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Rush</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address P. O. Box 7292		<b>Transaction ID : 22013824</b>
City Chicago	State IL	
Zip Code 60680	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Bobby Lee Rush</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 01	

Full Name (Last, First, Middle Initial) <b>C. AMERIPAC: The Fund for a Greater America</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address 700 Thirteenth Street, NW Suite 600		<b>Transaction ID : 22013829</b>
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement 2014 Contribution	Amount of Each Disbursement this Period 4000.00
Candidate Name <b>AMERIPAC: The Fund for a Greater America</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 Contribution
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Johnson For Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Bill Johnson**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013830**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mckinley For Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. David McKinley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013831**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ribble For Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Reid J. Ribble**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 22013834**

Amount of Each Disbursement this Period

1000.00

Contribution

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

2500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Markey Committee; The**

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ed J. Markey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041529**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tulsi For Hawaii**

Mailing Address PO Box 75561

City Kapolei State HI Zip Code 96707

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tulsi Gabbard**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041532**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Chris Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041533**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Conservative, Opportunity, Leadership & Enterprise PAC - COLEPAC**

Mailing Address 12176 Chancery Station Circle

City Reston State VA Zip Code 20190

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

**Transaction ID : 22041536**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. MURPHPAC**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

**Transaction ID : 22041537**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Priority PAC**

Mailing Address 818 Connecticut Ave., NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

**Transaction ID : 22041538**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

2014 Contribution

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement  
Contribution

011

Candidate Name

**Marion Rounds**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041539**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Julia Brownley For Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041541**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of John Barrow**

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041542**

Amount of Each Disbursement this Period

3500.00

Contribution

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Bishop For Congress**

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael Bishop**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041544**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Debbie Dingell For Congress**

Mailing Address PO Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement  
Contribution

011

Candidate Name

**Debbie Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041545**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Huizenga For Congress**

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Bill Huizenga**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041547**

Amount of Each Disbursement this Period

2500.00

Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City State Zip Code  
Flint MI 48501

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Dan Kildee**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041548**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Brenda Lawrence For Congress**

Mailing Address PO Box 3060

City State Zip Code  
Southfield MI 48037

Purpose of Disbursement  
Contribution

011

Candidate Name

**Brenda Lawrence**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041553**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Moolenaar For Congress**

Mailing Address 5915 Eastman Avenue Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Moolenaar**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041554**

Amount of Each Disbursement this Period

1000.00

Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address P.O. Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Frederick Stephen Upton**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041555**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**

Mailing Address PO Box 1362

City State Zip Code  
Jackson MI 49204

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tim Walberg**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041556**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City State Zip Code  
Eden Prairie MN 55344

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Erik P. Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 22041558**

Amount of Each Disbursement this Period

1000.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave, Bldg. 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Louise McIntosh Slaughter**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 25

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014

**Transaction ID : 22041559**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Greg P. Walden**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014

**Transaction ID : 22041560**

Amount of Each Disbursement this Period

4500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Pat J. Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014

**Transaction ID : 22041561**

Amount of Each Disbursement this Period

1200.00

Contribution

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

6700.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Joe Pitts**

Mailing Address PO Box 775

City State Zip Code  
Unionville PA 19375

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe R. Pitts**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2014

**Transaction ID : 22041564**

Amount of Each Disbursement this Period

<input type="text" value="5000.00"/>
--------------------------------------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Pete Gallego**

Mailing Address PO Box 1781

City State Zip Code  
San Antonio TX 78296

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pete Gallego**

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2014

**Transaction ID : 22041565**

Amount of Each Disbursement this Period

<input type="text" value="3000.00"/>
--------------------------------------

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

<input type="text"/>
----------------------

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

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

<input type="text" value="8000.00"/>
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<input type="text" value="199500.00"/>
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# 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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jerome G. Geraghty**

Mailing Address 2107 Chapelwood Court

City Timonium State MD Zip Code 21093-2811

Purpose of Disbursement  
Refund of 08/14 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : 22007188**

Amount of Each Disbursement this Period

255.00
--------

Refund of 08/14 Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

255.00
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255.00
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