FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

ADDRESS (number and street) ▼ 1215 K Street, Suite 800

☐ Check if different than previously reported. (ACC)

Sacramento | CA | 95814 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00237495

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

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 Thomas W. Hiltachk

Signature of Treasurer *Thomas W. Hiltachk* ***[Electronically Filed]*** Date 06 / 15 / 2016

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

Office Use Only							

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		163665.03
(b) Cash on Hand at Beginning of Reporting Period	163665.03	
(c) Total Receipts (from Line 19)	30244.00	30244.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	193909.03	193909.03
7. Total Disbursements (from Line 31)	5540.68	5540.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	188368.35	188368.35
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	1127.76	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Report Covering the Period: From: M M 01 / D D 01 / Y Y Y Y 2016 To: M M 01 / D D 31 / Y Y Y Y 2016

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)	27223.00	27223.00
(ii) Unitemized	3021.00	3021.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	30244.00	30244.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	30244.00	30244.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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)) ▶	30244.00	30244.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	30244.00	30244.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	540.68	540.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	540.68	540.68
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5540.68	5540.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	5540.68	5540.68

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	30244.00	30244.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30244.00	30244.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	540.68	540.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	540.68	540.68

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XA**
Transaction ID :

Amend for 3X to add debt

Form/Schedule:
Transaction ID:

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Full Name (Last, First, Middle Initial): Natalie Germuska
Mailing Address: 1940 El Cajon Blvd.
City: San Diego State: CA Zip Code: 92104
FEC ID number of contributing federal political committee: C
Name of Employer: Kindred Hospital - San Diego
Occupation: Chief Executive Officer
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 874.50
Date of Receipt: M M 01 / D D 15 / Y Y Y Y 2016
Transaction ID : INCA13864
Amount of Each Receipt this Period: 437.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Daniel Gross
Mailing Address: 8695 Spectrum Center Blvd
City: San Diego State: CA Zip Code: 92123
FEC ID number of contributing federal political committee: C
Name of Employer: Sharp HealthCare
Occupation: Executive Vice President, Sharp Health
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 874.50
Date of Receipt: M M 01 / D D 15 / Y Y Y Y 2016
Transaction ID : INCA13867
Amount of Each Receipt this Period: 437.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Bernard Klein
Mailing Address: 15031 Rinaldi Street
City: Mission Hills State: CA Zip Code: 91345
FEC ID number of contributing federal political committee: C
Name of Employer: Providence Holy Cross Medical Center
Occupation: Chief Executive
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 437.00
Date of Receipt: M M 01 / D D 15 / Y Y Y Y 2016
Transaction ID : INCA13865
Amount of Each Receipt this Period: 437.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1311.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Full Name (Last, First, Middle Initial): Ms. Sharon Spurgeon
Mailing Address: 1191 Phelps Ave
City: Coalinga State: CA Zip Code: 93210
FEC ID number of contributing federal political committee: C
Name of Employer: Coalinga Regional Medical Center
Occupation: Chief Executive Officer
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify)
Aggregate Year-to-Date: 437.00
Date of Receipt: 01 / 15 / 2016
Transaction ID : INCA13866
Amount of Each Receipt this Period: 437.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. Michael Bardin
Mailing Address: 4275 Campus Point Court
City: San Diego State: CA Zip Code: 92121
FEC ID number of contributing federal political committee: C
Name of Employer: Scripps Health
Occupation: Senior Director, Public/Government Aff
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13919
Amount of Each Receipt this Period: 1500.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mr. C. Duane Dauner
Mailing Address: 1215 K Street, Suite 800
City: Sacramento State: CA Zip Code: 95814
FEC ID number of contributing federal political committee: C
Name of Employer: California Hospital Association
Occupation: President/CEO
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify)
Aggregate Year-to-Date: 4000.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13910
Amount of Each Receipt this Period: 4000.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5937.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Full Name (Last, First, Middle Initial): Ms. Diane Dauner
Mailing Address: 1215 K Street, Suite 800
City: Sacramento State: CA Zip Code: 95814
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: M M 01 / D D 29 / Y Y Y Y 2016
Transaction ID : INCA13904
Amount of Each Receipt this Period: 2000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. Mark Gamble
Mailing Address: 515 South Figueroa Street, Suite 1
City: Los Angeles State: CA Zip Code: 90071
FEC ID number of contributing federal political committee: C
Name of Employer: Hospital Association of Southern Calif
Occupation: Senior Vice President/Chief Operating
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt: M M 01 / D D 29 / Y Y Y Y 2016
Transaction ID : INCA13923
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Natalie Germuska
Mailing Address: 1940 El Cajon Blvd.
City: San Diego State: CA Zip Code: 92104
FEC ID number of contributing federal political committee: C
Name of Employer: Kindred Hospital - San Diego
Occupation: Chief Executive Officer
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 874.50
Date of Receipt: M M 01 / D D 29 / Y Y Y Y 2016
Transaction ID : INCA13917
Amount of Each Receipt this Period: 437.50
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4187.50

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Full Name (Last, First, Middle Initial): Daniel Gross
Mailing Address: 8695 Spectrum Center Blvd
City: San Diego State: CA Zip Code: 92123
FEC ID number of contributing federal political committee: C
Name of Employer: Sharp HealthCare
Occupation: Executive Vice President, Sharp Health
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 874.50
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13916
Amount of Each Receipt this Period: 437.50
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. Robert Hemker
Mailing Address: 456 E Grand Avenue, Suite 204
City: Escondido State: CA Zip Code: 92025
FEC ID number of contributing federal political committee: C
Name of Employer: Palomar Health
Occupation: President/CEO
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13921
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Dr. Donald Kearns
Mailing Address: 3020 Childrens Way
City: San Diego State: CA Zip Code: 92123
FEC ID number of contributing federal political committee: C
Name of Employer: Rady Children's Hospital - San Diego
Occupation: President/CEO
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13915
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2687.50

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Full Name (Last, First, Middle Initial): Mr. Calvin Knight
Mailing Address: 1400 Treat Boulevard
City: Walnut Creek State: CA Zip Code: 94597
FEC ID number of contributing federal political committee: C
Name of Employer: John Muir Health
Occupation: President/CEO, John Muir Health
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13906
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. Harris Koenig
Mailing Address: 999 San Bernardino Road
City: Upland State: CA Zip Code: 91786
FEC ID number of contributing federal political committee: C
Name of Employer: San Antonio Community Hospital
Occupation: President/CEO
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13912
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mr. Craig Leach
Mailing Address: 3330 Lomita Boulevard
City: Torrance State: CA Zip Code: 90505
FEC ID number of contributing federal political committee: C
Name of Employer: Torrance Memorial Medical Center
Occupation: President/CEO
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13925
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5250.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A.
Full Name (Last, First, Middle Initial): Ms. Araceli Lonergan
Mailing Address: 2623 E. Slauson Avenue
City: Huntington Park | State: CA | Zip Code: 90255
FEC ID number of contributing federal political committee: C
Name of Employer: Community Hospital of Huntington Park
Occupation: Chief Executive Officer
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13905
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Mr. Walter Noce
Mailing Address: 500 S Main St
City: Orange | State: CA | Zip Code: 92868
FEC ID number of contributing federal political committee: C
Name of Employer: St. Joseph Health
Occupation: Chairman of the Board
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13908
Amount of Each Receipt this Period: 850.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Mr. Scott Twomey
Mailing Address: 515 South Figueroa Street, Suite 1
City: Los Angeles | State: CA | Zip Code: 90071
FEC ID number of contributing federal political committee: C
Name of Employer: Hospital Association of Southern Calif
Occupation: President/CFO, AllHealth/Senior Vice P
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13907
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4350.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A.
Full Name (Last, First, Middle Initial): Mr. Gustavo Valdespino
Mailing Address: 15107 Vanowen St
City: Van Nuys State: CA Zip Code: 91405
FEC ID number of contributing federal political committee: C
Name of Employer: Valley Presbyterian Hospital
Occupation: President/CEO
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13922
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Mr. Ronald Werft
Mailing Address: 400 W Pueblo Street
City: Santa Barbara State: CA Zip Code: 93102
FEC ID number of contributing federal political committee: C
Name of Employer: Cottage Health System
Occupation: President/CEO
Receipt For: 2016
[ ] Primary [ ] General
[X] Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt: 01 / 29 / 2016
Transaction ID : INCA13918
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 27223.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Full Name (Last, First, Middle Initial)
Aristotle International, inc.

Mailing Address 205 Pennsylvania Avenue, SE

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Merchant Fee

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 01 / D D 26 / Y Y Y Y 2016

Transaction ID : EXPB13941

Amount of Each Disbursement this Period: 0.03

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Aristotle International, inc.

Mailing Address 205 Pennsylvania Avenue, SE

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Merchant Fee

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 01 / D D 26 / Y Y Y Y 2016

Transaction ID : EXPB13860

Amount of Each Disbursement this Period: 442.83

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Aristotle International, inc.

Mailing Address 205 Pennsylvania Avenue, SE

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Merchant Fee

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 01 / D D 26 / Y Y Y Y 2016

Transaction ID : EXPB13862

Amount of Each Disbursement this Period: 72.82

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 515.68

TOTAL This Period (last page this line number only) ▶ 515.68

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A.
Full Name (Last, First, Middle Initial): Los Angeles County Democratic Party
Mailing Address: 3550 Wilshire Blvd. Suite 1203
City: Los Angeles State: CA Zip Code: 90010
Purpose of Disbursement: Monetary Contribution
Category/Type: 011
Candidate Name: Los Angeles County Democratic
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 26 / 2016
Transaction ID : EXPB13859
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Aristotle International, inc.

Mailing Address 205 Pennsylvania Avenue, SE

City: Washington State: DC Zip Code: 20003

Nature of Debt (Purpose): Merchant Fee

Transaction ID : PAYD13857

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
442.83	0.00	442.83	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Aristotle International, inc.

Mailing Address 205 Pennsylvania Avenue, SE

City: Washington State: DC Zip Code: 20003

Nature of Debt (Purpose): Merchant Fee

Transaction ID : PAYD13858

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
72.82	0.00	72.82	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Aristotle International, inc.

Mailing Address 205 Pennsylvania Avenue, SE

City: Washington State: DC Zip Code: 20003

Nature of Debt (Purpose): Merchant Fee

Transaction ID : PAYD14480

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1127.76	0.00	1127.76

1) **SUBTOTALS** This Period This Page (optional) ▶	1127.76
2) **TOTALS** This Period (last page this line number only) ▶	1127.76
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	0.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	1127.76