

**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 115
(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. 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : 22682075
 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
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : 22682076
 Amount of Each Receipt this Period
 500.00

C. Mr. Warren Selman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2665 Endicott Rd
 City Shaker Heights State OH Zip Code 44120-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospitals Occupation Chairman, Neurological Institute
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : 22682077
 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)..... ▶