

**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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Calvin Knight**  
Full Name (Last, First, Middle Initial)

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
06 / 19 / 2012  
**Transaction ID : INCA10286**

Amount of Each Receipt this Period  
1250.00

**B. Kenneth Novack**  
Full Name (Last, First, Middle Initial)

Mailing Address 49496 Hidden Valley Trail

City Indian Wells State CA Zip Code 92210

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

Name of Employer Schnitzer Investment Corp. Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
06 / 19 / 2012  
**Transaction ID : INCA10267**

Amount of Each Receipt this Period  
750.00

**C. Irving Pike, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Ygnacio Valley Road

City Walnut Creek State CA Zip Code 94598

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

Name of Employer John Muir Medical Center, Walnut Creek Occupation CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 19 / 2012  
**Transaction ID : INCA10288**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 2600.00

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