

**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="2015"/>		1653206.80
(b) Cash on Hand at Beginning of Reporting Period.....	2276192.33	
(c) Total Receipts (from Line 19)	142581.27	1189600.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2418773.60	2842807.62
7. Total Disbursements (from Line 31).....	73971.19	498005.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2344802.41	2344802.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	91062.19	428607.70
(ii) Unitemized	35297.61	132279.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	126359.80	560887.07
(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)	126359.80	565887.07
12. Transfers From Affiliated/Other Party Committees.....	15500.00	365200.00
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	256999.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	525.00	525.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	196.47	989.39
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))..... ▶	142581.27	1189600.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	142581.27	1189600.82

DETAILED SUMMARY PAGE
of Disbursements

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	371.19	3855.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	371.19	3855.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73600.00	493800.00
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	350.00
(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	350.00
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)) ..	73971.19	498005.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73971.19	498005.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	126359.80	565887.07
34. Total Contribution Refunds (from Line 28(d))	0.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126359.80	565537.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	371.19	3855.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	371.19	-253144.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 108
	<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. David Entwistle
Full Name (Last, First, Middle Initial)

Mailing Address 50 North Medical Drive

City Salt Lake City State UT Zip Code 84132-0001

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

Name of Employer University of Utah Health Care - Hospi Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 03 / 2015
Transaction ID : 22496473

Amount of Each Receipt this Period 1000.00

B. Ms. Kimberly McNally MN, RN
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Meridian Ave North Apt 310

City Seattle State WA Zip Code 98103-9154

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

Name of Employer UW Medicine Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015
Transaction ID : 22498224

Amount of Each Receipt this Period 250.00

C. Ms Beth Zborowski
Full Name (Last, First, Middle Initial)

Mailing Address 300 Elliott Avenue West Suite 300

City Seattle State WA Zip Code 98119-4122

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

Name of Employer Washington State Hospital Association Occupation Director Program Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015
Transaction ID : 22498225

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 7 OF 108
(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. Katherine Keene

Mailing Address 3861 St. Andrew's Loop

City Salem State OR Zip Code 97302-9498

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

Name of Employer Salem Health Occupation Government Relations Committee Chair S

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
06 / 04 / 2015

Transaction ID : 22498438

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Ms. Nancy Kay Graebner

Mailing Address 775 South Main Street

City Chelsea State MI Zip Code 48118-1383

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

Name of Employer St. Joseph Mercy Chelsea Occupation 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
06 / 05 / 2015

Transaction ID : 22498798

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Mr. Harris Mainster DO

Mailing Address 5035 Ponvalley Road

City Bloomfield State MI Zip Code 48302-2831

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

Name of Employer Beaumont Hospital - Farmington Hills 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
06 / 05 / 2015

Transaction ID : 22498802

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 8 OF 108
	<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. Mr. Rodney M Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 1140 North State Street

City Saint Ignace State MI Zip Code 49781-1048

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

Name of Employer Mackinac Straits Health System, Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
06 / 05 / 2015
Transaction ID : 22498810

Amount of Each Receipt this Period
525.00

B. Mr. Dale Sowders
Full Name (Last, First, Middle Initial)

Mailing Address 602 Michigan Avenue

City Holland State MI Zip Code 49423-4918

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

Name of Employer Holland Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.50

Date of Receipt
06 / 05 / 2015
Transaction ID : 22498814

Amount of Each Receipt this Period
577.50

C. Mr. Melvyn Patashnick
Full Name (Last, First, Middle Initial)

Mailing Address 528 Washington Highway

City Morrisville State VT Zip Code 05661-8973

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

Name of Employer Copley Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 04 / 2015
Transaction ID : 22498829

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1452.50

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 108
(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. Charles T. Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City State Zip Code
 Marietta GA 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Executive Vice President and Chief Ope
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498924
 Amount of Each Receipt this Period
 1200.00

B. Ms. Anna M Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Abbotts Glen Drive
 City State Zip Code
 Acworth GA 30101-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Director of Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498926
 Amount of Each Receipt this Period
 1008.00

C. Ms. Ginger E. Anspaugh FHFMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4002 Sunhill Court
 City State Zip Code
 Woodstock GA 30189-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Senior Vice President & CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498927
 Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3408.00
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 108
	<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. Mr. Donald R Avery FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1408

City State Zip Code
Dublin GA 31040-1408

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

Name of Employer Occupation
Fairview Park 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
06 / 04 / 2015
Transaction ID : 22498928

Amount of Each Receipt this Period
500.00

B. Ms. Leigh Beakley
Full Name (Last, First, Middle Initial)

Mailing Address 3397 Triview Square

City State Zip Code
Atlanta GA 30339-4920

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

Name of Employer Occupation
Georgia Hospital Association Assistant 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
06 / 04 / 2015
Transaction ID : 22498929

Amount of Each Receipt this Period
350.00

C. Mr. Kevin Bierschenk
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4309

City State Zip Code
Eastman GA 31023-4309

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

Name of Employer Occupation
Dodge County 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
06 / 04 / 2015
Transaction ID : 22498930

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 11 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Kevin Bloye
Full Name (Last, First, Middle Initial)

Mailing Address 2813 Bakers Bridge Drive

City Douglasville State GA Zip Code 30134

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

Name of Employer Georgia Hospital Association Occupation Vice President of Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
06 / 04 / 2015
Transaction ID : 22498931

Amount of Each Receipt this Period
1080.00

B. Mr. Robert E. Bolden
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Windy Ridge Pkwy Unit 1408

City Atlanta State GA Zip Code 30339-8520

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

Name of Employer Georgia Hospital Association Occupation Director of Fiscal Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 04 / 2015
Transaction ID : 22498932

Amount of Each Receipt this Period
1000.00

C. Ms. Cheryl L. Brimer
Full Name (Last, First, Middle Initial)

Mailing Address 242 Hunting Creek Drive

City Marietta State GA Zip Code 30068-3418

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

Name of Employer Georgia Hospital Association Occupation Director of Conv. & Personal Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 04 / 2015
Transaction ID : 22498934

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2430.00

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 12 OF 108
(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. Keri Conley

Mailing Address 1675 Terrell Mill Road

City State Zip Code
Marietta GA 30067-8339

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

Name of Employer Occupation
Georgia Hospital Association Associate General Counsel

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
 06 / 04 / 2015
Transaction ID : 22498936

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ms. Margaret W. Dahl

Mailing Address 1170 Latham Drive

City State Zip Code
Watkinsville GA 30677-6023

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

Name of Employer Occupation
Athens Regional Medical Center Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498937

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
C. Mr. James R Davis

Mailing Address 1350 Walton Way

City State Zip Code
Augusta GA 30901-2612

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

Name of Employer Occupation
University Health Care System 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
 06 / 04 / 2015
Transaction ID : 22498938

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2175.00

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 108
	<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. Mr. James W Eyler FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7287
 City Macon State GA Zip Code 31209-7287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coliseum Center for Behavioral Health 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
 06 / 04 / 2015
Transaction ID : 22498943
 Amount of Each Receipt this Period
 250.00

B. Ms. Adrienne Feinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City Marietta State GA Zip Code 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Director, Emergency Preparedness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498944
 Amount of Each Receipt this Period
 360.00

C. Mr. Gerald N Fulks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Vernon Road
 City Lagrange State GA Zip Code 30240-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Georgia 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
 06 / 04 / 2015
Transaction ID : 22498945
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1110.00
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 14 OF 108
(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. Lynn Hale
 Full Name (Last, First, Middle Initial)
 Mailing Address 2016 Arbor Forest Drive
 City Marietta State GA Zip Code 30064-8378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Assistant to the President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498947
 Amount of Each Receipt this Period
 1008.00

B. Ms. Martha Harrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Springs Drive
 City Roswell State GA Zip Code 30075-4825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation VP Educational Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498950
 Amount of Each Receipt this Period
 1000.00

C. Mr. Ethan James
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Ravenwood Way
 City Atlanta State GA Zip Code 30329-2723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Vice President of Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498955
 Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3208.00
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 108
	<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. Lamar Lyle
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 44

City Dalton State GA Zip Code 30722-0044

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

Name of Employer Hamilton Medical Center Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
06 / 04 / 2015
Transaction ID : 22498957

Amount of Each Receipt this Period
750.00

B. Mrs. Kallarin Mackey
Full Name (Last, First, Middle Initial)

Mailing Address 1690 North Druid Hills Road

City Atlanta State GA Zip Code 30319-4154

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

Name of Employer Georgia Hospital Association Occupation Director of Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 04 / 2015
Transaction ID : 22498958

Amount of Each Receipt this Period
1000.00

C. Ms. Kathryn McGowan
Full Name (Last, First, Middle Initial)

Mailing Address 4546 Windsor Oaks Ct.

City Marietta State GA Zip Code 30066-2241

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

Name of Employer Georgia Hospital Association Occupation Vice President Quality & Patient Safet

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
06 / 04 / 2015
Transaction ID : 22498959

Amount of Each Receipt this Period
1020.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2770.00

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 16 OF 108
	<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. Donald McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 1230 Baxter Street
 City Athens State GA Zip Code 30606-3712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Mary's Health Care System 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
 06 / 04 / 2015
Transaction ID : 22498960
 Amount of Each Receipt this Period
 250.00

B. Mr. William T Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 3014 Castle Pines Drive
 City Johns Creek State GA Zip Code 30097-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta 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
 06 / 04 / 2015
Transaction ID : 22498961
 Amount of Each Receipt this Period
 250.00

C. Ms. Norma Jean Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1935 Cloy-Kildare Rd
 City Cloy State GA Zip Code 31303-2814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Effingham Hospital Occupation 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
 06 / 04 / 2015
Transaction ID : 22498962
 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 17 OF 108
<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. Dr. Douglas Patten MD
Full Name (Last, First, Middle Initial)
Mailing Address 6085 Goosehollow Road

City Dawson	State GA	Zip Code 39842-4322
----------------	-------------	------------------------

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

Name of Employer Georgia Hospital Association	Occupation Chief Medical Officer
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : 22498964

Amount of Each Receipt this Period
1200.00

B. Ms. Joyce Reid
Full Name (Last, First, Middle Initial)
Mailing Address 1675 Terrell Mill Rd

City Marietta	State GA	Zip Code 30067-8339
------------------	-------------	------------------------

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

Name of Employer Georgia Hospital Association	Occupation Health and Accountability Specialist,
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : 22498965

Amount of Each Receipt this Period
1000.00

C. Mr. Earl Rogers
Full Name (Last, First, Middle Initial)
Mailing Address 1155 Clarendon Drive

City Marietta	State GA	Zip Code 30068-2162
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : 22498966

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional).....▶	3400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 108
	<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. Leslie Sainovich
Full Name (Last, First, Middle Initial)

Mailing Address 1675 Terrell Mill Road

City Marietta State GA Zip Code 30067-8339

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

Name of Employer Georgia Hospital Association Occupation Senior Manager, Data Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 04 / 2015
Transaction ID : 22498968

Amount of Each Receipt this Period 225.00

B. Ms. Temple Sellers
Full Name (Last, First, Middle Initial)

Mailing Address 2684 Canna Ridge Circle

City Atlanta State GA Zip Code 30345-1410

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 04 / 2015
Transaction ID : 22498970

Amount of Each Receipt this Period 1200.00

C. Ms. Carie Summers
Full Name (Last, First, Middle Initial)

Mailing Address 1675 Terrell Mill Road

City Marietta State GA Zip Code 30067-8339

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

Name of Employer Georgia Hospital Association Occupation Vice President, Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 06 / 04 / 2015
Transaction ID : 22498974

Amount of Each Receipt this Period 1080.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2505.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 108
	<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. Cindy R Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Drawer 1987
 City Alma State GA Zip Code 31510-0987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bacon County Hospital and Health Syste 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
 06 / 04 / 2015
Transaction ID : 22498976
 Amount of Each Receipt this Period
500.00

B. Ms. Karen Waters
 Full Name (Last, First, Middle Initial)
 Mailing Address 3675 Lassiter Road
 City Marietta State GA Zip Code 30062-4119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Vice President, Professional Services
 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
 06 / 04 / 2015
Transaction ID : 22498978
 Amount of Each Receipt this Period
1500.00

C. Mr. William Wylie
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Birch Laurel
 City Woodstock State GA Zip Code 30188-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation VP, GHHS Program Services
 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
 06 / 04 / 2015
Transaction ID : 22498979
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
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 20 OF 108
(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. Mathew Caseman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City State Zip Code
 Marietta GA 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Director of Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 22498981
 Amount of Each Receipt this Period
 208.35

B. Ms. Mallory Garrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City State Zip Code
 Marietta GA 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Membership Services Coordinator
 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
 06 / 04 / 2015
Transaction ID : 22498982
 Amount of Each Receipt this Period
 500.00

C. Mr. Kent LaRoque
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City State Zip Code
 Marietta GA 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association GA Hospital Health Services (GHHS) 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
 06 / 04 / 2015
Transaction ID : 22498983
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 958.35
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 108
	<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. Dr. James D. Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 W Memorial Road, Suite 141
 City Oklahoma City State OK Zip Code 73134-1791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Oklahoma City Occupation President Primary Care
 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
 06 / 01 / 2015
Transaction ID : 22499038
 Amount of Each Receipt this Period
 250.00

B. Mr. Timothy Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 1923 South Utica Avenue
 City Tulsa State OK Zip Code 74104-6502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John Medical Center Occupation 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
 06 / 01 / 2015
Transaction ID : 22499047
 Amount of Each Receipt this Period
 250.00

C. Mr. Bruce J Markowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7600 River Road
 City North Bergen State NJ Zip Code 07047-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palisades Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 22499348
 Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 22 OF 108
(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. Cecelia Lynch RN, MS

Mailing Address 295 Varnum Avenue

City State Zip Code
Lowell MA 01854-2134

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

Name of Employer Occupation
Lowell General Hospital Vice President Patient Care Services a

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
 06 / 05 / 2015
Transaction ID : 22499350

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Normand E Deschene FACHE

Mailing Address 295 Varnum Avenue

City State Zip Code
Lowell MA 01854-2134

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

Name of Employer Occupation
Lowell General Hospital 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
 06 / 05 / 2015
Transaction ID : 22499351

Amount of Each Receipt this Period
1125.00

Full Name (Last, First, Middle Initial)
C. Dr. John A Brennan MD, MPH

Mailing Address 201 Lyons Avenue

City State Zip Code
Newark NJ 07112-2027

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

Name of Employer Occupation
Newark Beth Israel Medical Center 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
 06 / 12 / 2015
Transaction ID : 22499363

Amount of Each Receipt this Period
975.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2362.50

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 23 OF 108
	<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. David P. Lavins
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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

Name of Employer New Jersey Hospital Association	Occupation Chief Financial Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

Transaction ID : 22499383

Amount of Each Receipt this Period

6.50

B. Ms. Sheryl A Slonim
Full Name (Last, First, Middle Initial)

Mailing Address 1303 Wickham Terrace

City Clifton	State NJ	Zip Code 07013-2685
-----------------	-------------	------------------------

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

Name of Employer Holy Name Medical Center	Occupation Executive Vice President and Chief Nur
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

Transaction ID : 22499392

Amount of Each Receipt this Period

325.00

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 ▼ **239.19**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

Transaction ID : 22499393

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional).....▶	338.00
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 24 OF 108
(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. Rebecca Hultberg

Mailing Address 1049 West Fifth Avenue, Suite 100

City Anchorage State AK Zip Code 99501-1965

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

Name of Employer Alaska State Hospital and Nursing Home 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
06 / 11 / 2015

Transaction ID : 22499506

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Dr. Connie Vitali

Mailing Address 2400 North Rockton Avenue

City Rockford State IL Zip Code 61103-3655

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

Name of Employer Rockford Memorial Hospital Occupation Board Chair

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
06 / 15 / 2015

Transaction ID : 22503440

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City Hopkinton State NH Zip Code 03229-2023

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

Name of Employer New Hampshire Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : 22503460

Amount of Each Receipt this Period
227.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **772.75**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 108
	<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. 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
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : 22503461
 Amount of Each Receipt this Period
 45.50

B. Ms. Peggy Schmitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Clay Edwards Drive
 City State Zip Code
 North Kansas City MO 64116-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Kansas City Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : 22503475
 Amount of Each Receipt this Period
 950.00

C. Mr. Mitchell C Carson
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1659
 City State Zip Code
 Longmont CO 80502-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Longmont United 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
 06 / 05 / 2015
Transaction ID : 22503481
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1495.50
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 26 OF 108
	<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. Terry Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 South State Street
 City Dover State DE Zip Code 19901-3597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bayhealth Medical Center Occupation President and Chief Executive Officer
 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
 06 / 11 / 2015
Transaction ID : 22503500
 Amount of Each Receipt this Period
500.00

B. Mrs. Bonnie Perratto MSN, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Derbyshire Ct.
 City Dover State DE Zip Code 19904-5746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bayhealth Medical Center Occupation Sr.VP/Chief Nurse Executive
 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
 06 / 11 / 2015
Transaction ID : 22503501
 Amount of Each Receipt this Period
250.00

C. Mr. Robert S. Bonney
 Full Name (Last, First, Middle Initial)
 Mailing Address 11522 Carter Street
 City Shawnee Mission State KS Zip Code 66210-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Luke's Health System Occupation Sr. V.P., Business Development
 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
 06 / 09 / 2015
Transaction ID : 22503548
 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 27 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Dawn Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 5705 West 152nd Place

City Overland Park	State KS	Zip Code 66223-3254
-----------------------	-------------	------------------------

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

Name of Employer Saint Luke's Health System	Occupation Vice President, Human Resources
--	---

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
06		09		2015

Transaction ID : 22503549

Amount of Each Receipt this Period
500.00

B. Ms. Julie L Quirin FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 4401 Wornall Road

City Kansas City	State MO	Zip Code 64111-3220
---------------------	-------------	------------------------

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

Name of Employer Saint Luke's Hospital of Kansas City	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
06		09		2015

Transaction ID : 22503550

Amount of Each Receipt this Period
500.00

C. Mr. Charles V Robb
Full Name (Last, First, Middle Initial)

Mailing Address 5461 Northeast Northgate Crossing

City Lee's Summit	State MO	Zip Code 64064-1231
----------------------	-------------	------------------------

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

Name of Employer Saint Luke's Health System	Occupation Senior Vice President Finance and Admi
--	--

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
06		09		2015

Transaction ID : 22503551

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 28 OF 108
	<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. John Christopher Lang
Full Name (Last, First, Middle Initial)

Mailing Address 2800 East Rock Haven Road

City	State	Zip Code
Harrisonville	MO	64701-4411

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

Name of Employer	Occupation
Cass Regional 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
 06 / 09 / 2015
Transaction ID : 22503561

Amount of Each Receipt this Period
 500.00

B. Mr. Herb B Kuhn
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 60

City	State	Zip Code
Jefferson City	MO	65102-0060

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

Name of Employer	Occupation
Missouri Hospital Association	President and Chief Executive 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
 06 / 08 / 2015
Transaction ID : 22503591

Amount of Each Receipt this Period
 125.00

C. 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 ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : 22503592

Amount of Each Receipt this Period
 125.00

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 29 OF 108
(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 Forgey

Mailing Address P O Box 2349

City State Zip Code
Seymour IN 47274-5000

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

Name of Employer Occupation
Schneck Medical Center 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
 06 / 05 / 2015
Transaction ID : 22503605

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Paul Janssen

Mailing Address P O Box 490

City State Zip Code
New Castle IN 47362-0490

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
 06 / 05 / 2015
Transaction ID : 22503610

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Philip A Newbold

Mailing Address 615 North Michigan Street

City State Zip Code
South Bend IN 46601-1033

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

Name of Employer Occupation
Beacon Health System 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
 06 / 05 / 2015
Transaction ID : 22503619

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 30 OF 108
(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. Dr. Michael Wagner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Washington Street
 City Boston State MA Zip Code 02111-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22505027
 Amount of Each Receipt this Period
 562.50

B. Mr. Patrick R Wardell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1493 Cambridge Street
 City Cambridge State MA Zip Code 02139-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cambridge Health Alliance Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22505028
 Amount of Each Receipt this Period
 800.00

C. Mr. Alan J. Macdonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Fogg Road
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Hospital Occupation Director/Public Policy and Funding
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22505029
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1625.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 108
	<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. Mrs. Dianne J Anderson MS, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 189
 City Lawrence State MA Zip Code 01842-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lawrence General Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22505031
 Amount of Each Receipt this Period
 750.00

B. Dr. David Torchiana MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Boylston Street, Suite 1150
 City Boston State MA Zip Code 02199-8123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners HealthCare System, Inc. Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22505032
 Amount of Each Receipt this Period
 750.00

C. Mr. Bruce King
 Full Name (Last, First, Middle Initial)
 Mailing Address 273 County Road
 City New London State NH Zip Code 03257-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London Hospital Occupation President and Chief Executive Officer
 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
 06 / 11 / 2015
Transaction ID : 22508639
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 32 OF 108
	<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. Paul R Bengtson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 905

City State Zip Code
Saint Johnsbury VT 05819-0905

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

Name of Employer Occupation
Northeastern Vermont Regional 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
06 / 16 / 2015
Transaction ID : 22508644

Amount of Each Receipt this Period
500.00

B. Mr. Jeffrey S Drop
Full Name (Last, First, Middle Initial)

Mailing Address 4816 Amber Valley Parkway

City State Zip Code
Fargo ND 58104-8404

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

Name of Employer Occupation
Catholic Health Initiatives SVP Division Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2015
Transaction ID : 22508646

Amount of Each Receipt this Period
330.00

C. Ms. Kathy A. Bizarro FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 544 Upper Straw Rd

City State Zip Code
Hopkinton NH 03229-2023

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

Name of Employer Occupation
New Hampshire Hospital Association Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2015
Transaction ID : 22508655

Amount of Each Receipt this Period
22.75

SUBTOTAL of Receipts This Page (optional).....▶	852.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 108
	<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. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Road
 City Concord State NH Zip Code 03301-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22508656
 Amount of Each Receipt this Period
 45.50

B. Mr. Larry C Hudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5035 Bennington Drive
 City Cross Lanes State WV Zip Code 25313-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation Executive Vice President and Chief Fin
 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
 06 / 15 / 2015
Transaction ID : 22508662
 Amount of Each Receipt this Period
 500.00

C. Mr. Robert D Whitley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Evergreen Drive
 City Elkview State WV Zip Code 25071-9314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation Vice President Government and Communit
 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
 06 / 15 / 2015
Transaction ID : 22508663
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1045.50
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 34 OF 108
(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. Dr. Glenn Crotty Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 E. Coventry Road
 City Charleston State WV Zip Code 25309-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation Executive Vice President and Chief Ope
 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
 06 / 15 / 2015
Transaction ID : 22508664
 Amount of Each Receipt this Period
 500.00

B. Mr. Daniel Lauffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1039 Pendleton Place
 City Hurricane State WV Zip Code 25526-9484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Memorial Hospital Occupation Senior Vice President and Chief Operat
 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
 06 / 15 / 2015
Transaction ID : 22508665
 Amount of Each Receipt this Period
 500.00

C. Mr. Ben Vincent FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Hoylman Drive
 City Gassaway State WV Zip Code 26624-9318
 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 / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22508666
 Amount of Each Receipt this Period
 257.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1257.50
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 35 OF 108
	<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. Michael Tillman
 Full Name (Last, First, Middle Initial)
 Mailing Address 327 Medical Park Drive
 RR 2 Box G1
 City Bridgeport State WV Zip Code 26330-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Hospital 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
 06 / 15 / 2015
Transaction ID : 22508667
 Amount of Each Receipt this Period
 250.00

B. Mr. Joseph M Letnaunchyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Association Drive
 City Charleston State WV Zip Code 25311-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia Hospital Association 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
 06 / 15 / 2015
Transaction ID : 22508671
 Amount of Each Receipt this Period
 500.00

C. Mr. Michael G Sellards
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 First Avenue
 City Huntington State WV Zip Code 25702-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pallottine Health Services 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
 06 / 15 / 2015
Transaction ID : 22508672
 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 36 OF 108
(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. Darryl L. Duncan

Mailing Address 1200 J D Anderson Drive

City Morgantown State WV Zip Code 26505-3494

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

Name of Employer Monongalia General 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
06 / 15 / 2015

Transaction ID : 22508673

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. David L Ramsey

Mailing Address P O Box 1547

City Charleston State WV Zip Code 25326-1547

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

Name of Employer Charleston Area Medical Center 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
06 / 15 / 2015

Transaction ID : 22508674

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Randy L Napier

Mailing Address 220 Abraham Flexner Way

City Louisville State KY Zip Code 40202-3826

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

Name of Employer Frazier Rehab Institute 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
06 / 16 / 2015

Transaction ID : 22508703

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 108
	<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. Greg Kiser

Mailing Address P O Box 769

City State Zip Code
Louisa KY 41230-0769

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

Name of Employer Occupation
Three Rivers Medical 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
06 / 16 / 2015
Transaction ID : 22508793

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Steven G. Rudolf

Mailing Address 4000 Kresge Way

City State Zip Code
Louisville KY 40207-4605

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

Name of Employer Occupation
Baptist Health Louisville Vice President

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
06 / 16 / 2015
Transaction ID : 22508794

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Ms. Kristine Whitlatch

Mailing Address P O Box 151

City State Zip Code
Ashland KY 41105-0151

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

Name of Employer Occupation
King's Daughters Medical Center 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
06 / 16 / 2015
Transaction ID : 22508795

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 38 OF 108
(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. Charles D Lovell Jr FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 410
 City State Zip Code
 Princeton KY 42445-0410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caldwell Medical Center 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
 06 / 16 / 2015
Transaction ID : 22508796
 Amount of Each Receipt this Period
 500.00

B. Mr. Wayne Meriwether
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Wallace Avenue
 City State Zip Code
 Leitchfield KY 42754-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Twin Lakes Regional 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
 06 / 16 / 2015
Transaction ID : 22508797
 Amount of Each Receipt this Period
 500.00

C. Mr. Mark J Neff FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Medical Circle
 City State Zip Code
 Morehead KY 40351-1179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Claire Regional Medical Center 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
 06 / 16 / 2015
Transaction ID : 22508815
 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 39 OF 108
	<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. David L Gray FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Kresge Way
 City Louisville State KY Zip Code 40207-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Louisville Occupation 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
 06 / 16 / 2015
Transaction ID : 22508816
 Amount of Each Receipt this Period
 750.00

B. Mr. Chad R. Austin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6518 SW 26th Court
 City Topeka State KS Zip Code 66614-4305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Hospital Association Occupation Sr. Vice President, Government Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22508841
 Amount of Each Receipt this Period
 57.69

C. Dr. Craig Concannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 N. Mill
 City Beloit State KS Zip Code 67420-1751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Hospital Association Occupation Board Member
 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
 06 / 15 / 2015
Transaction ID : 22508846
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	1182.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 108
	<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. Steven G Kelly
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 308

City Newton State KS Zip Code 67114-0308

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

Name of Employer Newton Medical Center Occupation President and 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
 06 / 15 / 2015
Transaction ID : 22508861

Amount of Each Receipt this Period
 300.00

B. Mr. Greg Lundstrom
Full Name (Last, First, Middle Initial)

Mailing Address 605 West Lincoln Street

City Lindsborg State KS Zip Code 67456-2328

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

Name of Employer Kansas Hospital Association Occupation Director of Hospital Relations

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
 06 / 15 / 2015
Transaction ID : 22508864

Amount of Each Receipt this Period
 250.00

C. Dr. Trey Dobson MD
Full Name (Last, First, Middle Initial)

Mailing Address 356 Elm Street

City Bennington State VT Zip Code 05201-2283

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

Name of Employer Southwestern Vermont Medical Center Occupation 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
 06 / 19 / 2015
Transaction ID : 22511185

Amount of Each Receipt this Period
 500.00

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 41 OF 108
	<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. Clinton J Christianson FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 St Joseph's Drive
 City Centerville State IA Zip Code 52544-9017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Center-Centerville Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 22511220
 Amount of Each Receipt this Period
 400.00

B. Ms Donna J Vandelaar , R.N.
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 10th Street
 City Perry State IA Zip Code 50220-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dallas County Hospital Occupation Chief Clinical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 22511225
 Amount of Each Receipt this Period
 300.00

C. Mr. Kim Price
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Central Avenue East, Suite A
 City Hampton State IA Zip Code 50441-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin General Hospital Occupation 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 Y Y
 06 / 16 / 2015
Transaction ID : 22511226
 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: PAGE 42 OF 108
(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. Alan Laird

Mailing Address 1000 Lincoln Circle SE

City State Zip Code
Orange City IA 51041-1836

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

Name of Employer Occupation
Orange City Area Health System 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
 06 / 16 / 2015
Transaction ID : 22511228

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Richard Magenheimer

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : 22511241

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Louise Dryburgh

Mailing Address PO Box I

City State Zip Code
Park River ND 58270-0708

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

Name of Employer Occupation
First Care Health Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 22511242

Amount of Each Receipt this Period
231.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 981.00

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 43 OF 108
(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. Dr. Christopher Colenda MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Technology Drive, Suite 2320
 City State Zip Code
 Fairmont WV 26554-8834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Virginia United Health System 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
 06 / 19 / 2015
Transaction ID : 22511243
 Amount of Each Receipt this Period
 500.00

B. Mr. Douglas M. Coffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 327 Medical Park Drive
 City State Zip Code
 Bridgeport WV 26330-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Virginia United Health System VP & 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
 06 / 19 / 2015
Transaction ID : 22511245
 Amount of Each Receipt this Period
 250.00

C. Mr. Michael Detwiler
 Full Name (Last, First, Middle Initial)
 Mailing Address 7521 Piney Point Drive
 City State Zip Code
 Saint Louis MO 63129-5712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ranken Jordan Pediatric Bridge Hospita Board Member
 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
 06 / 19 / 2015
Transaction ID : 22511253
 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 44 OF 108
	<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. D. Keith Jewell
Full Name (Last, First, Middle Initial)

Mailing Address 8027 Wyngate Circle

City Newburgh State IN Zip Code 47630-2153

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

Name of Employer St. Mary's Medical Center of Evansvill 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
 06 / 19 / 2015
Transaction ID : 22511269

Amount of Each Receipt this Period
 500.00

B. Ms. Janice L Ryba JD, MHA
Full Name (Last, First, Middle Initial)

Mailing Address 1500 South Lake Park Avenue

City Hobart State IN Zip Code 46342-6638

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

Name of Employer St. Mary Medical Center (Hobart) 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
 06 / 19 / 2015
Transaction ID : 22511275

Amount of Each Receipt this Period
 500.00

C. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 22511280

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: PAGE 45 OF 108
(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. Daniel A Parod
 Full Name (Last, First, Middle Initial)
 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 22511291
 Amount of Each Receipt this Period
 1200.00

B. Mr. Kenneth G Reid
 Full Name (Last, First, Middle Initial)
 Mailing Address 20733 North Broad Street
 City State Zip Code
 Carlinville IL 62626-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carlinville Area Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 22511292
 Amount of Each Receipt this Period
 480.00

C. Mr. Scott Hendrie CFA
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 West Park Street
 City State Zip Code
 Urbana IL 61801-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carle Foundation Hospital Director - Accounting & Treasury Servi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 22511293
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ► 2080.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 108
	<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. Patti Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 26307
 City Oklahoma City State OK Zip Code 73126-0307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OU Medical Center Occupation Sr VP Strategy & Business Development
 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
 06 / 16 / 2015
Transaction ID : 22511493
 Amount of Each Receipt this Period
 500.00

B. Mr. Corey Lively
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2339
 City Elk City State OK Zip Code 73648-2339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Plains Regional Medical Center Occupation 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 Y Y
 06 / 16 / 2015
Transaction ID : 22511506
 Amount of Each Receipt this Period
 250.00

C. Mr. Brent Smith CFO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 W. Gore
 City Lawton State OK Zip Code 73505-6332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comanche County Memorial Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 22511512
 Amount of Each Receipt this Period
 330.00

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 47 OF 108
	<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. Stanley D Tatum FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 232
 City State Zip Code
 Enid OK 73702-0232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Mary's Regional Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 22511516
 Amount of Each Receipt this Period
 60.00

B. Ms. Lori Wightman RN, MSN, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 North Monte Vista
 City State Zip Code
 Ada OK 74820-4610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Hospital Ada 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 Y Y
 06 / 16 / 2015
Transaction ID : 22511520
 Amount of Each Receipt this Period
 250.00

C. Mr. Michael L Fordyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 3425 South Clarkson Street
 City State Zip Code
 Englewood CO 80113-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Craig Hospital President and Chief Executive Officer
 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
 06 / 22 / 2015
Transaction ID : 22511981
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 108
	<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. Laura J Redoutey FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3255 Salt Creek Circle, Suite 100
 City Lincoln State NE Zip Code 68504-4778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Hospital Association Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 22 / 2015**
Transaction ID : 22512004
 Amount of Each Receipt this Period **500.00**

B. Ms. Toni R Ardabell RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Breomo 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 **500.00**

Date of Receipt **06 / 18 / 2015**
Transaction ID : 22512237
 Amount of Each Receipt this Period **500.00**

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 **06 / 18 / 2015**
Transaction ID : 22512238
 Amount of Each Receipt this Period **350.00**

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 108
	<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. David L Brash
 Full Name (Last, First, Middle Initial)
 Mailing Address 1990 Holton Avenue East
 City State Zip Code
 Big Stone Gap VA 24219-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wellmont Lonesome Pine Hospital President and CEO
 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
 06 / 18 / 2015
Transaction ID : 22512239
 Amount of Each Receipt this Period
 350.00

B. Mr. Joel Bundy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2245 Santa Fe Arch
 City State Zip Code
 Virginia Beach VA 23456-6741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sentara CarePlex Hospital 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
 06 / 18 / 2015
Transaction ID : 22512240
 Amount of Each Receipt this Period
 350.00

C. Ms Elissa Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 12917 Pinecrest Rd
 City State Zip Code
 Herndon VA 20171-2685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inova Health System Assistant Vice President, Home Health
 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
 06 / 18 / 2015
Transaction ID : 22512241
 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 50 OF 108
(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 Ehret
 Full Name (Last, First, Middle Initial)
 Mailing Address 17309 Black Rock RD
 City State Zip Code
 Germantown MD 20874-2245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inova Health System Assistant Vice President Design/Const.
 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
 06 / 18 / 2015
Transaction ID : 22512243
 Amount of Each Receipt this Period
 350.00

B. Mr. Mark M Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 13710 St Francis Boulevard
 City State Zip Code
 Midlothian VA 23114-3267
 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
 06 / 18 / 2015
Transaction ID : 22512244
 Amount of Each Receipt this Period
 350.00

C. Mr. Ray Mishler
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Boulder Sprint Ct.
 City State Zip Code
 Charlottesville VA 22902-8790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Martha Jefferson Hospital 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
 06 / 18 / 2015
Transaction ID : 22512245
 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 51 OF 108
(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. Patrick B Nolan

Mailing Address 1000 North Shenandoah Avenue

City State Zip Code
Front Royal VA 22630-3547

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

Name of Employer Occupation
Warren Memorial 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
 06 / 18 / 2015
Transaction ID : 22512246

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Christopher O'Brien

Mailing Address 204 Kent Oaks Mews

City State Zip Code
Gaithersburg MD 20878-5723

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Vice President, Physician 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
 06 / 18 / 2015
Transaction ID : 22512247

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Ms. Jennifer Siciliano

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
 06 / 18 / 2015
Transaction ID : 22512248

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 52 OF 108
	<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. Mr. J Knox Singleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8110 Gatehouse Road, Suite 200 Eas
 City Falls Church State VA Zip Code 22042-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health 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
 06 / 18 / 2015
Transaction ID : 22512249
 Amount of Each Receipt this Period
 500.00

B. Dr. Khiet N. Trinh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 Welby Dr
 City Midlothian State VA Zip Code 23113-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Mary's Hospital Occupation Chief Medical 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
 06 / 18 / 2015
Transaction ID : 22512250
 Amount of Each Receipt this Period
 350.00

C. Mr. Richard C Breon
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Michigan Street NE
 City Grand Rapids State MI Zip Code 49503-2560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health Occupation 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
 06 / 18 / 2015
Transaction ID : 22512285
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 53 OF 108
	<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. Ms. Tina Weatherwax Grant		Date of Receipt
Mailing Address 2654 Loon lane		M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
City	State	Zip Code
Okemos	MI	48864-3350
FEC ID number of contributing federal political committee.		Transaction ID : 22512345
C		Amount of Each Receipt this Period
		350.00
Name of Employer	Occupation	
Trinity Health	VP, Public Policy and State Advocacy	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	350.00	

Full Name (Last, First, Middle Initial) B. Dr. Scott Larson MD		Date of Receipt
Mailing Address 1531 Academy Street		M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
City	State	Zip Code
Kalamazoo	MI	49006-4400
FEC ID number of contributing federal political committee.		Transaction ID : 22512347
C		Amount of Each Receipt this Period
		262.50
Name of Employer	Occupation	
Bronson Healthcare Group, Inc.	Senior Vice President Medical Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	262.50	

Full Name (Last, First, Middle Initial) C. Mr. Bill Manns		Date of Receipt
Mailing Address 200 Jefferson Avenue SE		M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
City	State	Zip Code
Grand Rapids	MI	49503-4502
FEC ID number of contributing federal political committee.		Transaction ID : 22512348
C		Amount of Each Receipt this Period
		630.00
Name of Employer	Occupation	
Mercy Health Saint Mary's	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	630.00	

SUBTOTAL of Receipts This Page (optional).....▶	1242.50
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 54 OF 108
	<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. Roger Spoelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 East Sherman Boulevard
 City Muskegon State MI Zip Code 49444-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health Hackley Campus Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : 22512478
 Amount of Each Receipt this Period
 525.00

B. Ms. Kathlene A Young MS, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 Gull Road
 City Kalamazoo State MI Zip Code 49048-1640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Borgess Medical Center 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
 06 / 18 / 2015
Transaction ID : 22512482
 Amount of Each Receipt this Period
 262.50

C. Mr. Tim Blasl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1622 E. Interstate Avenue Suite B
 City Bismarck State ND Zip Code 58503-0561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Dakota Hospital Association Occupation 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
 06 / 23 / 2015
Transaction ID : 22518011
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1137.50
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 55 OF 108
	<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. Elaine Couture BSN, MBA,
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 2555

City Spokane	State WA	Zip Code 99220-2555
-----------------	-------------	------------------------

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

Name of Employer Providence Sacred Heart Medical Center	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 22518015

Amount of Each Receipt this Period
400.00

B. Ms. Amy E Freeman
Full Name (Last, First, Middle Initial)
Mailing Address 1150 Varnum Street NE

City Washington	State DC	Zip Code 20017-2104
--------------------	-------------	------------------------

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

Name of Employer Providence Hospital	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 Y
06	/	26	/	2015

Transaction ID : 22518018

Amount of Each Receipt this Period
1000.00

C. Mr. Daniel B Coffey
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 422

City Bangor	State ME	Zip Code 04402-0422
----------------	-------------	------------------------

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

Name of Employer Acadia Hospital	Occupation 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
06	/	26	/	2015

Transaction ID : 22518019

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 108
	<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. Brian G Brannman
Full Name (Last, First, Middle Initial)

Mailing Address 3001 St Rose Parkway

City Henderson State NV Zip Code 89052-3839

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

Name of Employer St. Rose Dominican Hospitals - Siena C Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2015
Transaction ID : 22518064

Amount of Each Receipt this Period 1000.00

B. Ms. Kathy A. Bizarro FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 544 Upper Straw Rd

City Hopkinton State NH Zip Code 03229-2023

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

Name of Employer New Hampshire Hospital Association Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 06 / 29 / 2015
Transaction ID : 22518182

Amount of Each Receipt this Period 22.75

c. Mr. Stephen M. Ahnen
Full Name (Last, First, Middle Initial)

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

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

Name of Employer New Hampshire Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 29 / 2015
Transaction ID : 22518183

Amount of Each Receipt this Period 45.50

SUBTOTAL of Receipts This Page (optional).....▶ 1068.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 108
	<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 Minnehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 283 Gallopiny Hill Road
 City Hopkinton State NH Zip Code 03229-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : 22518184
 Amount of Each Receipt this Period
 16.70

B. Ms. Katherine A Howell MBA, BSN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 16408 Monrovia Street
 City Olathe State KS Zip Code 66062-7941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Luke's Health System Occupation Sr. Vice President, Chief Nurse Execut
 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
 06 / 23 / 2015
Transaction ID : 22518194
 Amount of Each Receipt this Period
 500.00

C. Dr. Leonardo J Lozada MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2909 West 145th Street
 City Overland Park State KS Zip Code 66224-3740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Luke's Health System Occupation Chief Physician Executive
 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
 06 / 23 / 2015
Transaction ID : 22518195
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1016.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 108
	<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. Joseph Cahill
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fogg Road

City South Weymouth State MA Zip Code 02190-2455

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

Name of Employer South Shore Hospital Occupation President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
06 / 26 / 2015
Transaction ID : 22518240

Amount of Each Receipt this Period
562.50

B. Ms. Diane Farraher-Smith
Full Name (Last, First, Middle Initial)

Mailing Address 63 Walden Pond Ave

City Saugus State MA Zip Code 01906-1145

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

Name of Employer Hallmark Health System Occupation System V.P., Home Care & Community Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
06 / 26 / 2015
Transaction ID : 22518241

Amount of Each Receipt this Period
262.50

C. Mr. John O'Hara
Full Name (Last, First, Middle Initial)

Mailing Address 89 Birds Hill Ave

City Needham State MA Zip Code 02492-4258

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

Name of Employer Hallmark Health System Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
06 / 26 / 2015
Transaction ID : 22518242

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1087.50

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 59 OF 108
(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. Pauline Pike

Mailing Address 85 Herrick Street

City State Zip Code
Beverly MA 01915-1790

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

Name of Employer Occupation
Beverly Hospital Chief Operating 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
 06 / 26 / 2015
Transaction ID : 22518243

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Charles R Whipple ESQ, MH, S

Mailing Address 202 Day Street

City State Zip Code
Leominster MA 01453-1763

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

Name of Employer Occupation
Hallmark Health System General Counsel

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
 06 / 26 / 2015
Transaction ID : 22518244

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. Alan G. MacDonald

Mailing Address 92 Bacon Street

City State Zip Code
Winchester MA 01890-2638

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

Name of Employer Occupation
Hallmark Health System CEO

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
 06 / 26 / 2015
Transaction ID : 22518245

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1275.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 108
(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 James Herrington

Mailing Address 25 Batchelder Street

City Melrose State MA Zip Code 02176-2801

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

Name of Employer Hallmark Health System Occupation Board Chair

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
 06 / 26 / 2015
Transaction ID : 22518246

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Lex S Anderson

Mailing Address 1923 South Utica Avenue

City Tulsa State OK Zip Code 74104-6502

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

Name of Employer St. John Medical Center 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
 06 / 22 / 2015
Transaction ID : 22518667

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Jeffrey D Nowlin

Mailing Address 1923 South Utica Avenue

City Tulsa State OK Zip Code 74104-6520

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

Name of Employer St. John Medical Center Occupation 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
 06 / 22 / 2015
Transaction ID : 22518670

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 762.50

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 61 OF 108
	<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. Beth Pauchnik
 Full Name (Last, First, Middle Initial)
 Mailing Address 3366 NW Expressway, Suite 800
 City Oklahoma City State OK Zip Code 73112-4458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTEGRIS Health Occupation Managing Director Corporate 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
 06 / 22 / 2015
Transaction ID : 22518671
 Amount of Each Receipt this Period
 250.00

B. Mr. Warren K Spellman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 West Iowa Avenue
 City Chickasha State OK Zip Code 73018-2738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grady Memorial 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
 06 / 22 / 2015
Transaction ID : 22518674
 Amount of Each Receipt this Period
 250.00

C. Dr. James White MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3366 NW Expressway Ste 80
 City Oklahoma City State OK Zip Code 73112-4462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integris Baptist Medical Center Occupation 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
 06 / 22 / 2015
Transaction ID : 22518677
 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 62 OF 108
	<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. Steven C Bjelich
Full Name (Last, First, Middle Initial)

Mailing Address 211 St Francis Drive

City Cape Girardeau State MO Zip Code 63703-5049

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

Name of Employer Saint Francis Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 26 / 2015
Transaction ID : 22518790

Amount of Each Receipt this Period
500.00

B. Mr. Gregory J Walker
Full Name (Last, First, Middle Initial)

Mailing Address 789 Central Avenue

City Dover State NH Zip Code 03820-2526

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

Name of Employer Wentworth-Douglass Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 29 / 2015
Transaction ID : 22518876

Amount of Each Receipt this Period
500.00

C. Mr. Bo Beames
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1009

City Socorro State NM Zip Code 87801-1009

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

Name of Employer Plains Regional Medical Center Occupation Interim Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 26 / 2015
Transaction ID : 22519041

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 63 OF 108
	<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. Robert J Heckert Jr
Full Name (Last, First, Middle Initial)

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
06 / 26 / 2015
Transaction ID : 22519043

Amount of Each Receipt this Period
250.00

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

Mailing Address 1001 East 18th Street

City Grove State OK Zip Code 74344-2907

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

Name of Employer Integris Grove Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 25 / 2015
Transaction ID : 22519157

Amount of Each Receipt this Period
250.00

C. Mr. Richard M Ash
Full Name (Last, First, Middle Initial)

Mailing Address 450 Eastvold Avenue

City Ortonville State MN Zip Code 56278-1252

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

Name of Employer Ortonville Area Health Services Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
06 / 29 / 2015
Transaction ID : 22519182

Amount of Each Receipt this Period
37.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 537.50

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 64 OF 108
(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. Craig J Broman MHA, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Sixth Avenue North
 City Saint Cloud State MN Zip Code 56303-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Cloud Hospital Occupation President
 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
 06 / 29 / 2015
Transaction ID : 22519184
 Amount of Each Receipt this Period
 500.00

B. Mr. John W Herman
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Northland Drive
 City Princeton State MN Zip Code 55371-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairview Northland Medical Center Occupation 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 Y Y
 06 / 29 / 2015
Transaction ID : 22519186
 Amount of Each Receipt this Period
 250.00

C. Ms. Carrie Michalski
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 South Minnesota Street
 City Crookston State MN Zip Code 56716-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RiverView Health Occupation 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 Y Y
 06 / 29 / 2015
Transaction ID : 22519198
 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 65 OF 108
	<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. Catherine Barr
Full Name (Last, First, Middle Initial)
Mailing Address 559 Capitol Boulevard
City Saint Paul State MN Zip Code 55103-2101
FEC ID number of contributing federal political committee. **C**
Name of Employer Bethesda Hospital Occupation Senior Vice President and President, B
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2015
Transaction ID : 22519220
Amount of Each Receipt this Period 250.00

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 06 / 19 / 2015
Transaction ID : 22519222
Amount of Each Receipt this Period 250.00

C. Mr. Keith Okeson
Full Name (Last, First, Middle Initial)
Mailing Address 715 Delmore Avenue
City Roseau State MN Zip Code 56751-1534
FEC ID number of contributing federal political committee. **C**
Name of Employer LifeCare Medical Center Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2015
Transaction ID : 22520553
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 66 OF 108
	<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. Teresa O'Toole
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 East Second Street
 City Duluth State MN Zip Code 55805-1982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Essentia Health Duluth Occupation: General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt: **06 / 19 / 2015**
Transaction ID : 22520556
 Amount of Each Receipt this Period: **250.00**

B. Ms. Robin Goldfischer ESQ
 Full Name (Last, First, Middle Initial)
 Mailing Address 370 Lydecker Street
 City Englewood State NJ Zip Code 07631-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Valley Hospital Occupation: Senior Vice President and General Coun
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt: **06 / 26 / 2015**
Transaction ID : 22547485
 Amount of Each Receipt this Period: **325.00**

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 **217.75**

Date of Receipt: **06 / 26 / 2015**
Transaction ID : 22547486
 Amount of Each Receipt this Period: **33.15**

SUBTOTAL of Receipts This Page (optional)..... **608.15**
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 108
	<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. Leslie D Hirsch FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 25 Pocono Road

City Denville State NJ Zip Code 07834-2954

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

Name of Employer Saint Clare's Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : 22547488

Amount of Each Receipt this Period
130.00

B. 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 ▼ **217.25**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : 22547489

Amount of Each Receipt this Period
33.05

C. Mr. David P. Lavins
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fox Chase Road

City Malvern State PA Zip Code 19355-3441

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

Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **289.90**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : 22547492

Amount of Each Receipt this Period
54.60

SUBTOTAL of Receipts This Page (optional).....	217.65
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. John Slotman
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City State Zip Code
 Princeton NJ 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association VP, GME and Teaching Hospital Issues
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 22547497
 Amount of Each Receipt this Period
 46.80

B. Dr. Delos Cosgrove MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Euclid Avenue
 City State Zip Code
 Cleveland OH 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : 22549923
 Amount of Each Receipt this Period
 1250.00

C. Dr J Stephen Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 18400 Shaker Blvd
 City State Zip Code
 Shaker Hts OH 44120-1759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic President, Regional Hospitals
 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
 06 / 30 / 2015
Transaction ID : 22549932
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1796.80
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 69 OF 108
(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. Bruce D White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Coshocton Road
 City State Zip Code
 Mount Vernon OH 43050-5417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Knox Community Hospital 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
 06 / 30 / 2015
Transaction ID : 22549934
 Amount of Each Receipt this Period
 250.00

B. Ms. Lorna Strayer MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 272 Benedict Avenue
 City State Zip Code
 Norwalk OH 44857-2374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fisher-Titus Medical Center Executive Vice 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
 06 / 30 / 2015
Transaction ID : 22550053
 Amount of Each Receipt this Period
 250.00

C. Mr. Scott Cantley
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Foxhaven Dr
 City State Zip Code
 Vincent OH 45784-5039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Marietta Memorial Hospital 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
 06 / 30 / 2015
Transaction ID : 22550148
 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: PAGE 70 OF 108
(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. Mandy C Goble
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Palmer Avenue
 City Bellefontaine State OH Zip Code 43311-2298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mary Rutan Hospital 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
 06 / 30 / 2015
Transaction ID : 22550159
 Amount of Each Receipt this Period
 250.00

B. Mr. Paul Masterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2951 Maple Avenue
 City Zanesville State OH Zip Code 43701-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare System 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
 06 / 30 / 2015
Transaction ID : 22550171
 Amount of Each Receipt this Period
 250.00

C. Mr. Stanley R Korducki
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 West Wooster Street
 City Bowling Green State OH Zip Code 43402-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wood County Hospital Occupation 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
 06 / 30 / 2015
Transaction ID : 22550211
 Amount of Each Receipt this Period
 750.00

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 71 OF 108
	<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. Melinda Reid Hatton
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1045726234960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. David Schulke
 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 American Hospital Association-Chicago Occupation VP Research Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1057462134960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1125892334960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
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:	PAGE 72 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Jack A. Mackay
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 & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1347703634960

Amount of Each Receipt this Period **38.48**

P/R Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 1061 N Penny Ln

City Palatine State IL Zip Code 60067-1821

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

Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1475133734960

Amount of Each Receipt this Period **38.48**

P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Erik Rasmussen
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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 ▼ **500.11**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1819487934960

Amount of Each Receipt this Period **76.94**

P/R Deduction (\$38.47 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 73 OF 108
	<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. Shari Dexter
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1878189834960

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Evelyn Knolle
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1913190734960

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Jennifer Schleman
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1913194034960

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.44

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 74 OF 108
(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. 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 ▼ 367.72

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1937843134960
 Amount of Each Receipt this Period 97.28
 P/R Deduction (\$48.64 Bi-Weekly)

B. Ms. Diane Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1943461534960
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Jeff Goldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1978358634960
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 174.24
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 108
	<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 Kristina Weger
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 204.57

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2058887034960
 Amount of Each Receipt this Period 45.46
 P/R Deduction (\$22.73 Bi-Weekly)

B. Mr Travis E Robey
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Fed Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.57

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2060308234960
 Amount of Each Receipt this Period 45.46
 P/R Deduction (\$22.73 Bi-Weekly)

C. Ms. Linda Fishman
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR327629134960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 167.86
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 108
	<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. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR327771634960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. 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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR32777234960
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City Oak Park State IL Zip Code 60304-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR32777834960
 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: PAGE 77 OF 108
(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. Neil Jesuele

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 American Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : PR327801734960

Amount of Each Receipt this Period
38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Pamela Austin Thompson MS, RN, FA

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer AONE Occupation AHA Senior Vice President, CEO America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : PR327812034960

Amount of Each Receipt this Period
76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Joan H. Lewis

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 ▼ **250.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : PR327831734960

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 78 OF 108
	<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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. 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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR327851934960
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

B. Mr. Mark Seklecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR327858034960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR327877834960
 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 79 OF 108
	<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. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR327895734960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR327983734960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Richard J. Umbdenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR328132834960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 230.82
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 80 OF 108
	<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. Barbara Lorschach
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 7th Ave
 City La Grange State IL Zip Code 60525-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR328136934960
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Donna J. Melkonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 60640-1318
 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 **500.11**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR328223834960
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Ron O. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 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 **500.11**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR328241434960
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.82
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 81 OF 108
	<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. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR328260934960

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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR328511834960

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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR328512034960

Amount of Each Receipt this Period 76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 230.82

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 82 OF 108
	<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. 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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR328641134960
 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR328913334960
 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 ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR329013434960
 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 83 OF 108
	<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. 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 **500.11**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR329071334960
 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 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 **500.11**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR329084434960
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 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 **500.11**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR329215734960
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.82
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 84 OF 108
	<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. Patricia Meersman
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 Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR330343334960

Amount of Each Receipt this Period **38.48**

P/R Deduction (\$19.24 Bi-Weekly)

B. Mr. Thomas Misfeldt
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 Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR330411634960

Amount of Each Receipt this Period **76.94**

P/R Deduction (\$38.47 Bi-Weekly)

C. 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 ▼ **500.11**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR330475434960

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: PAGE 85 OF 108
(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. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR330547734960

Amount of Each Receipt this Period
38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR330549234960

Amount of Each Receipt this Period
76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City State Zip Code
Chicago IL 60634-3232

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

Name of Employer Occupation
American Hospital Association-Chicago Executive Director, Associate Membersh

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR331098334960

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 86 OF 108
	<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. Debi H. Tucker Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 N. Kentucky Street
 City Arlington State VA Zip Code 22205-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, State Issues Forum
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR331278834960
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

B. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR331304234960
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 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 ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR518031934960
 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 87 OF 108
<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. Ms. Laura M. Werner
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt
06 / 30 / 2015
Transaction ID : PR560101534960

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.24 Bi-Weekly)

B. 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 ▼ 500.11

Date of Receipt
06 / 30 / 2015
Transaction ID : PR766023734960

Amount of Each Receipt this Period 76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	115.42
TOTAL This Period (last page this line number only).....▶	91062.19

**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 88 OF 108
<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : 22508642

Amount of Each Receipt this Period
15000.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : 22518010

Amount of Each Receipt this Period
500.00

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	15500.00
TOTAL This Period (last page this line number only).....▶	15500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 OF 108
(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 ▼
989.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : 22554771

Amount of Each Receipt this Period
196.47

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

SUBTOTAL of Receipts This Page (optional).....▶	196.47
TOTAL This Period (last page this line number only).....▶	196.47

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

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

FOR LINE NUMBER: PAGE 90 OF 108
(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. Cantor For Congress

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 22508036

Amount of Each Receipt this Period
 525.00

Refund

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

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

**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. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22556223

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22556224

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22556225

Amount of Each Disbursement this Period

Bank Fee

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 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. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22556228

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22556229

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

C.

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

/ /

Amount of Each Disbursement this Period

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. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brett Guthrie

Office Sought: House Senate President
State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 22495921

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Emanuel Cleaver II

Office Sought: House Senate President
State: MO District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 22495922

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph Crowley

Office Sought: House Senate President
State: NY District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 22495923

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

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. 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: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 22495924

Amount of Each Disbursement this Period

600.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lou Barletta For Congress

Mailing Address P.O. Box 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lou Barletta

Office Sought: House
 Senate
 President
State: PA District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 22498286

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Bost

Office Sought: House
 Senate
 President
State: IL District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 22498287

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2600.00

**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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 22498288

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Forbes For Congress

Mailing Address PO Box 15100

City State Zip Code
Chesapeake VA 23328

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. J. Randy Forbes

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 22498289

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Robin Kelly For Congress

Mailing Address PO Box 6953

City State Zip Code
Chicago IL 60680

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robin Kelly

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 22498296

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. John Lewis For Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Lewis

Office Sought: House
 Senate
 President
State: GA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2015			

Transaction ID : 22498297

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement
Contribution

Candidate Name

Rep. Louise McIntosh Slaughter

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2015			

Transaction ID : 22498306

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dold For Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
2014 Contribution

Candidate Name

Rep. Bob James Dold Jr.

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 General Debt Re

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2015			

Transaction ID : 22498307

Amount of Each Disbursement this Period

5000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7500.00

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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. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rodney L. Davis

Office Sought: House Senate President
State: IL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22498468

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Kinzinger For Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adam Kinzinger

Office Sought: House Senate President
State: IL District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22498469

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas Cole

Office Sought: House Senate President
State: OK District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22515326

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. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 22515333

Amount of Each Disbursement this Period

2500.00

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: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 22515334

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of David Jolly

Mailing Address P. O. Box 1158

City Indian Rocks Beach State FL Zip Code 33785

Purpose of Disbursement
Contribution

Candidate Name

David Jolly

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 22515335

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

**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. Daniel Webster For Congress

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Daniel Webster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 22515336

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Brian Higgins For Congress

Mailing Address P.O. Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Brian M. Higgins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 22515337

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick L. Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : 22515338

Amount of Each Disbursement this Period

2500.00

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. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Sen. Johnny Isakson

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22549989

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Cheri Bustos

Office Sought: House
 Senate
 President
State: IL District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22549990

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Clay Jr. For Congress

Mailing Address PO Box 4544

City St. Louis State MO Zip Code 63108

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. William Lacy Clay Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22549993

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. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Gregg Harper

Category/
Type

Office Sought: House
 Senate
 President
State: MS District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22549994

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. 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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22549995

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kelly For Congress

Mailing Address 5221-A Cliff Gookin Blvd.

City Tupelo State MS Zip Code 38801

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Trent Kelly

Category/
Type

Office Sought: House
 Senate
 President
State: MS District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22549996

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. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sandy M. Levin

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : 22550009

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : 22550010

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. 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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : 22550011

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0

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

3	0	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. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sean Patrick Maloney

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22550012

Amount of Each Disbursement this Period

1000.00

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

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22550013

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nolan For Congress Volunteer Committee

Mailing Address PO Box 1041

City Brainerd State MN Zip Code 56401

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard Michael Nolan

Office Sought: House
 Senate
 President
State: MN District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22550014

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. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Scott Peters

Category/Type

Office Sought: House Senate President
State: CA District: 52

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22550025

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22550028

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Katko For Congress

Mailing Address P.O. Box 133

City Camillus State NY Zip Code 13031

Purpose of Disbursement Contribution

011

Candidate Name

Rep. John Katko

Category/Type

Office Sought: House Senate President
State: NY District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 22550029

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. Kathleen Rice For Congress

Mailing Address 410 Jericho Turnpike
Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathleen M Rice

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22550030

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Blum For Congress

Mailing Address 2728 Asbury Road Suite 400

City Dubuque State IA Zip Code 52001

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rod Blum

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22550033

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve J. Israel

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22550034

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. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. David Young

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : 22550035

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. America Works PAC

Mailing Address PO BOX 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

America Works PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : 22550036

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

73600.00