

**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 M / D 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 M / D 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 M / D 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).....▶	