

**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 133
(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. Ronnie Hyatt

Mailing Address One St Francis Drive

City Greenville State SC Zip Code 29601-3207

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

Name of Employer Bon Secours St. Francis Health System Occupation Senior Vice President Finance and Chie

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
 09 / 30 / 2013
Transaction ID : 21191358

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Ms. Liz Keith

Mailing Address 2 Deer Spring Lane

City Simpsonville State SC Zip Code 29680-6516

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

Name of Employer Bon Secours St. Francis Health System Occupation Senior Vice President-Mission

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
 09 / 30 / 2013
Transaction ID : 21191364

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mr. Mark S Nantz FACHE

Mailing Address One St Francis Drive

City Greenville State SC Zip Code 29601-3999

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

Name of Employer Bon Secours St. Francis Health System 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
 09 / 30 / 2013
Transaction ID : 21191366

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)..... ▶