

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

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

FOR LINE NUMBER: PAGE 83 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

A. Dr. Steven D Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Calhoun Street
 City Charleston State SC Zip Code 29401-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Francis Xavier Hospita Occupation 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
 09 / 30 / 2013
Transaction ID : 21191528
 Amount of Each Receipt this Period
 250.00

B. Mr. John Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1772 Bellamy Circle
 City Albemarle State NC Zip Code 28001-9511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hospital 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 : 21191529
 Amount of Each Receipt this Period
 500.00

C. Mr. Michael Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Johnson Marina Rd
 City Chapin State SC Zip Code 29036-8501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hospital Occupation Chief Information 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
 09 / 30 / 2013
Transaction ID : 21191530
 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)..... ▶