

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

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

FOR LINE NUMBER: PAGE 100 OF 185  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. John A Miller Jr FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Spring Back Way  
 City Anderson State SC Zip Code 29621-2676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AnMed Health Medical Center Occupation Interim Director, AnMed Health Foundat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : 22890309**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Richard E D'Alberto FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Drawer 976  
 City Clinton State SC Zip Code 29325-0976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenville Health System - Laurens Cou Occupation Campus President  
 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  
 12 / 30 / 2015  
**Transaction ID : 22890310**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Richard Kirk Toomey DHA, FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 955 Ribaut Road  
 City Beaufort State SC Zip Code 29902-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaufort Memorial 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  
 12 / 30 / 2015  
**Transaction ID : 22890311**  
 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)..... ▶