

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 24 OF 104
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Diana Hendel			Date of Receipt
Mailing Address 2801 Atlantic Ave			<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA11846
Long Beach	CA	90806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1500.00"/>
Name of Employer	Occupation		
Long Beach Memorial Medical Center	Chief Executive Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gwenmarie Hilleary			Date of Receipt
Mailing Address 5575 Ruffin Rd Ste 225			<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA11847
San Diego	CA	92123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Hospital Association of San Diego and	Executive Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Teri Hollingsworth			Date of Receipt
Mailing Address 515 S Figueroa St			<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA11832
Los Angeles	CA	90071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="82.00"/>
Name of Employer	Occupation		
Hospital Association of Southern Calif	Vice President, Human Resource Service		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2082.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>