

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Hospital Association PAC

ADDRESS (number and street) 800 Tenth Street, NW Two CityCenter, Suite 400 Washington DC 20001-4956 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00106146

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton [Electronically Filed] Date 04 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		3140767.55
(b) Cash on Hand at Beginning of Reporting Period.....	3192840.77	
(c) Total Receipts (from Line 19)	259541.57	459509.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3452382.34	3600277.16
7. Total Disbursements (from Line 31).....	157464.54	305359.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3294917.80	3294917.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	80783.00	160094.50
(ii) Unitemized	17491.85	31033.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	98274.85	191127.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	98274.85	196127.53
12. Transfers From Affiliated/Other Party Committees.....	160992.12	262592.12
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	274.60	789.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	259541.57	459509.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	259541.57	459509.61

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1214.54	2269.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1214.54	2269.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	156250.00	295750.00
24. Independent Expenditures (use Schedule E)	0.00	7340.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	157464.54	305359.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	157464.54	305359.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	98274.85	196127.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	98274.85	196127.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1214.54	2269.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1214.54	2269.36

**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 6 OF 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Dr. Linda Burnes Bolton DrPH, RN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 3637 Virginia Road
 City Los Angeles State CA Zip Code 90016-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars-Sinai Medical Center Occupation System Chief Nurse Executive, VP, Nurs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 03 / 02 / 2016
Transaction ID : 23045404
 Amount of Each Receipt this Period 1750.00
 Memo Item

B. Mr. Kim C. Byas Sr., MPH,
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 23046428
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Thomas W Huebner
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Allen Street
 City Rutland State VT Zip Code 05701-4560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutland Regional Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 10 / 2016
Transaction ID : 23046442
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Amit K Mody
Full Name (Last, First, Middle Initial)

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Care, Inc. Occupation Executive Vice President and Chief Ope

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 23052808

Amount of Each Receipt this Period 500.00

Memo Item

B. Mr. Keith E Heuser
Full Name (Last, First, Middle Initial)

Mailing Address 570 Chautauqua Boulevard

City Valley City State ND Zip Code 58072-3145

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

Name of Employer CHI Mercy Health Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 07 / 2016
Transaction ID : 23052809

Amount of Each Receipt this Period 330.00

Memo Item

C. Ms. Margaret W. Dahl
Full Name (Last, First, Middle Initial)

Mailing Address 1170 Latham Drive

City Watkinsville State GA Zip Code 30677-6023

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

Name of Employer Athens Regional Medical Center Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2016
Transaction ID : 23052810

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1330.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Daniel B Coffey
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 422

City Bangor State ME Zip Code 04402-0422

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

Name of Employer Acadia Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 23052811

Amount of Each Receipt this Period
 350.00

Memo Item

B. Mr. Anthony G Wagner
Full Name (Last, First, Middle Initial)

Mailing Address 563 19th Ave

City San Francisco State CA Zip Code 94121-3118

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

Name of Employer Sutter Health Occupation Trustee

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
 03 / 02 / 2016
Transaction ID : 23052812

Amount of Each Receipt this Period
 500.00

Memo Item

C. Ms. Donna King
Full Name (Last, First, Middle Initial)

Mailing Address 12731 S 83rd Ct

City Palos Park State IL Zip Code 60464-2026

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

Name of Employer Advocate Illinois Masonic Medical Cent Occupation Vice President Clinical Operations and

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
 03 / 02 / 2016
Transaction ID : 23052813

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	1350.00
TOTAL This Period (last page this line number only).....	▶	

**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 9 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jason Radzevich
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 Sandwich Street
 City Plymouth State MA Zip Code 02360-2183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beth Israel Deaconess Hospital Plymout Occupation Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 23052822
 Amount of Each Receipt this Period
 262.50
 Memo Item

B. Mr. John Szum
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Windsor Road
 City East Walpole State MA Zip Code 02032-1359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Care Group, Inc. Occupation Executive Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 23052824
 Amount of Each Receipt this Period
 562.50
 Memo Item

C. Ms Joyce Welsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Lealand Peck Dr
 City Wrentham State MA Zip Code 02093-1441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson Hospital Occupation Associate Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 23052825
 Amount of Each Receipt this Period
 262.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1087.50
TOTAL This Period (last page this line number only).....▶	

**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 10 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John O Wilhelm Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Old Road to Nine Acre Corner
 City State Zip Code
 Concord MA 01742-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerson Hospital Senior Vice President and Chief Financ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 04 2016
Transaction ID : 23052826
 Amount of Each Receipt this Period
 262.50
 Memo Item

B. Dr. Kenneth D. Holmen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Sixth Avenue North
 City State Zip Code
 Saint Cloud MN 56303-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CentraCare Health 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
 03 04 2016
Transaction ID : 23052839
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Ms Loren Morey
 Full Name (Last, First, Middle Initial)
 Mailing Address 38503 30th Ave.
 City State Zip Code
 Motley MN 56466-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lakewood Health System Trustee
 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
 03 04 2016
Transaction ID : 23052841
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1012.50
TOTAL This Period (last page this line number only).....	

**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 11 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Jon Pryor MD, MBA
Full Name (Last, First, Middle Initial)

Mailing Address 701 Park Avenue South

City State Zip Code
Minneapolis MN 55415-1623

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

Name of Employer Occupation
Hennepin County Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 04 / 2016
Transaction ID : 23052843

Amount of Each Receipt this Period
500.00

Memo Item

B. Ms. Mary J Ruyter
Full Name (Last, First, Middle Initial)

Mailing Address 1430 North Highway

City State Zip Code
Jackson MN 56143-1093

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

Name of Employer Occupation
Sanford Jackson Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 04 / 2016
Transaction ID : 23052844

Amount of Each Receipt this Period
250.00

Memo Item

C. Mr. Randy Ulseth
Full Name (Last, First, Middle Initial)

Mailing Address 301 South Highway 65 South

City State Zip Code
Mora MN 55051-1899

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

Name of Employer Occupation
FirstLight Health System Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 04 / 2016
Transaction ID : 23052846

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**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 12 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Carl P Vaagenes
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 17th Avenue East
 City Alexandria State MN Zip Code 56308-5273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Douglas County Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 23052847
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Mr. Sean Gehle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1828 Boston Blvd
 City Lansing State MI Zip Code 48910-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence - Providence Park Hospital, Occupation Vice President Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : 23052867
 Amount of Each Receipt this Period **350.00**
 Memo Item

C. Dr. Gary Roth
 Full Name (Last, First, Middle Initial)
 Mailing Address 82 Swallowtail Lane
 City Okemos State MI Zip Code 48864-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : 23052869
 Amount of Each Receipt this Period **525.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
TOTAL This Period (last page this line number only).....	

**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 13 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mrs. Amy Barkholz
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 Sanctuary Dr.
 City Mason State MI Zip Code 48854-1390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : 23052870
 Amount of Each Receipt this Period **350.00**
 Memo Item

B. Ms. Brittany Bogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 Prudden Street #218
 City Lansing State MI Zip Code 48906-5388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Director, Health Care Innovation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : 23052871
 Amount of Each Receipt this Period **350.00**
 Memo Item

C. Mr. William Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 14700 Lake Shore Drive
 City Charlevoix State MI Zip Code 49720-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Munson Healthcare Charlevoix Hospital Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : 23052874
 Amount of Each Receipt this Period **525.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1225.00**
TOTAL This Period (last page this line number only).....

**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 14 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Charlie Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 6109 Marsh Road

City Haslett	State MI	Zip Code 48840-8902
-----------------	-------------	------------------------

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

Name of Employer Michigan Health & Hospital Association	Occupation Chief Information Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

Transaction ID : 23052875

Amount of Each Receipt this Period
350.00

Memo Item

B. Ms. Nancy McKeague
Full Name (Last, First, Middle Initial)
Mailing Address 627 N Harrison

City East Lansing	State MI	Zip Code 48823-3017
----------------------	-------------	------------------------

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

Name of Employer Michigan Health & Hospital Association	Occupation Senior Vice President
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

Transaction ID : 23052876

Amount of Each Receipt this Period
700.00

Memo Item

C. Mr. Peter J. Schonfeld
Full Name (Last, First, Middle Initial)
Mailing Address 7105 Cutler Road

City Bath	State MI	Zip Code 48808-9439
--------------	-------------	------------------------

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

Name of Employer Michigan Health & Hospital Association	Occupation Sr. Vice President, Policy & Data Svcs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

Transaction ID : 23052878

Amount of Each Receipt this Period
630.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1680.00
TOTAL This Period (last page this line number only).....▶	

**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 15 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Erin Steward
Full Name (Last, First, Middle Initial)

Mailing Address 2232 N.Croswell Road

City Ithaca State MI Zip Code 48847-9705

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

Name of Employer Michigan Health & Hospital Association Occupation Deputy Director, Education & Developme

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 09 / 2016
Transaction ID : 23052881

Amount of Each Receipt this Period 350.00

Memo Item

B. Ms. Ruthanne Sudderth
Full Name (Last, First, Middle Initial)

Mailing Address 2327 Kewanee Way

City Okemos State MI Zip Code 48864-2516

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

Name of Employer Michigan Health & Hospital Association Occupation Manager, Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 09 / 2016
Transaction ID : 23052882

Amount of Each Receipt this Period 350.00

Memo Item

C. Ms. Laura Wotruba
Full Name (Last, First, Middle Initial)

Mailing Address 110 W. Michigan, Suite 1200

City Lansing State MI Zip Code 48933-1640

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

Name of Employer Michigan Health & Hospital Association Occupation Assistant Director, Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 03 / 09 / 2016
Transaction ID : 23052883

Amount of Each Receipt this Period 262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	962.50
TOTAL This Period (last page this line number only).....	

**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 16 OF 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathy English CHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 666 N 58th St
 City Omaha State NE Zip Code 68132-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital & Medical Center Occupation Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2016
Transaction ID : 23052908
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Dan Griess FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 744 West 16th St
 City Alliance State NE Zip Code 69301-0810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Box Butte General Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2016
Transaction ID : 23052910
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Herb B Kuhn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 Saddlebrook Lane
 City Lohman State MO Zip Code 65053-9353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 23052923
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

**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 17 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Daniel R. Landon
Full Name (Last, First, Middle Initial)

Mailing Address 1811 Forest Park Court

City	State	Zip Code
Jefferson City	MO	65109-9782

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

Name of Employer	Occupation
Missouri Hospital Association	Sr. Vice President, Governmental Relat

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
03	/	04	/	2016

Transaction ID : 23052924

Amount of Each Receipt this Period
125.00

Memo Item

B. Mr. James D Moore FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 4401 South Western

City	State	Zip Code
Oklahoma City	OK	73109-3413

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

Name of Employer	Occupation
Integrus Southwest Medical Center	President

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
03	/	01	/	2016

Transaction ID : 23053642

Amount of Each Receipt this Period
500.00

Memo Item

C. Ms. Karen Ali
Full Name (Last, First, Middle Initial)

Mailing Address 15 Sherbrook Drive

City	State	Zip Code
Princeton	NJ	08550-1229

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

Name of Employer	Occupation
New Jersey Hospital Association	General Counsel, Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
331.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : 23053825

Amount of Each Receipt this Period
6.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	631.50
TOTAL This Period (last page this line number only).....	

**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 18 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Warren Geller
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Engle Street
 City Englewood State NJ Zip Code 07631-1808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Englewood Hospital and Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 23053840
 Amount of Each Receipt this Period 975.00
 Memo Item

B. Mr. Kevin Kilday
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Towpath Drive
 City Wilmington State MA Zip Code 01887-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holy Family Hospital Occupation Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053958
 Amount of Each Receipt this Period 262.50
 Memo Item

c. Dr. Howard R Grant JD, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Road
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053960
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1987.50
TOTAL This Period (last page this line number only).....▶	

**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 19 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Maureen Banks RN, FACHE,
Full Name (Last, First, Middle Initial)
Mailing Address 1 Dove Avenue
City Salem State MA Zip Code 01970-2944
FEC ID number of contributing federal political committee. **C**
Name of Employer Spaulding Rehabilitation Hospital Occupation Chief Operating Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **562.50**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 23053961
Amount of Each Receipt this Period **562.50**
 Memo Item

B. Mr. John M Fogarty
Full Name (Last, First, Middle Initial)
Mailing Address 41 Alfred Drown Rd
City Barrington State RI Zip Code 02806-1805
FEC ID number of contributing federal political committee. **C**
Name of Employer Beth Israel Deaconess Hospital-Needham Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **562.50**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 23053963
Amount of Each Receipt this Period **562.50**
 Memo Item

C. Ms. Nancy J Siopes
Full Name (Last, First, Middle Initial)
Mailing Address 1090 Washington Rd
City Rye State NH Zip Code 03870-2336
FEC ID number of contributing federal political committee. **C**
Name of Employer Massachusetts Hospital Association Occupation Vice President, Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **262.50**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 23053965
Amount of Each Receipt this Period **262.50**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1387.50
TOTAL This Period (last page this line number only).....	

**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 20 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Douglas Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1 Biotech Park

City Worcester State MA Zip Code 01605-2982

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

Name of Employer UMass Memorial Health Care, Inc. Occupation Senior Vice President for Member Hospi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053966

Amount of Each Receipt this Period 800.00

Memo Item

B. Ms. Christine M. Gallery
Full Name (Last, First, Middle Initial)

Mailing Address 14 Greensbriar Road

City Canton State MA Zip Code 02021-1132

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

Name of Employer Emerson Hospital Occupation Vice President, Planning & Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053967

Amount of Each Receipt this Period 375.00

Memo Item

C. Dr. Bruce S Auerbach MD, FACEP
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2963

City Attleboro State MA Zip Code 02703-0963

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

Name of Employer Sturdy Memorial Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053986

Amount of Each Receipt this Period 750.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1925.00

TOTAL This Period (last page this line number only)..... ▶

**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 21 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Peter J Healy
Full Name (Last, First, Middle Initial)

Mailing Address 199 Reedsdale Road

City Milton State MA Zip Code 02186-3926

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

Name of Employer Beth Israel Deaconess Hospital-Milton Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053988

Amount of Each Receipt this Period 562.50

Memo Item

B. Ms. Tina Santos
Full Name (Last, First, Middle Initial)

Mailing Address 2 Scenic View Drive

City Pelham State NH Zip Code 03076-3271

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

Name of Employer Heywood Hospital Occupation VP Patient Care & CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053990

Amount of Each Receipt this Period 262.50

Memo Item

c. Dr. C Gregory Martin MD
Full Name (Last, First, Middle Initial)

Mailing Address 68 Salem Street

City Andover State MA Zip Code 01810-2114

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

Name of Employer Emerson Hospital Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 03 / 11 / 2016
Transaction ID : 23053993

Amount of Each Receipt this Period 262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1087.50
TOTAL This Period (last page this line number only).....▶	

**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 22 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Elizabeth Hale RN,MSN,CEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Center Street
 City Groveland State MA Zip Code 01834-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lawrence General Hospital Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 23057640
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ms. Colleen A Chapp RN, MSN, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 8260 Westlake Drive
 City Parkville State MO Zip Code 64152-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer B E Smith Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2016
Transaction ID : 23061328
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. David Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 3815 Highland Avenue
 City Downers Grove State IL Zip Code 60515-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Good Samaritan Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23061449
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
TOTAL This Period (last page this line number only).....▶	

**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 23 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr Dennis Rizzo
Full Name (Last, First, Middle Initial)
Mailing Address 1151 East Warrenville Road

City Naperville	State IL	Zip Code 60563-9339
--------------------	-------------	------------------------

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

Name of Employer Illinois Health and Hospital Associati	Occupation Chief Integration Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : 23061450

Amount of Each Receipt this Period
1200.00

Memo Item

B. Mr. Mark J Turner
Full Name (Last, First, Middle Initial)
Mailing Address 4500 Memorial Drive

City Belleville	State IL	Zip Code 62226-5399
--------------------	-------------	------------------------

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

Name of Employer Memorial 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
03	/	18	/	2016

Transaction ID : 23061451

Amount of Each Receipt this Period
750.00

Memo Item

C. Dr. James Giblin MD
Full Name (Last, First, Middle Initial)
Mailing Address 25 North Winfield Road

City Winfield	State IL	Zip Code 60190-1295
------------------	-------------	------------------------

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

Name of Employer Cadence Health	Occupation Chief Medical 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
03	/	18	/	2016

Transaction ID : 23061452

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2450.00
TOTAL This Period (last page this line number only).....▶	

**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 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Maureen A Kahn RN, MHA, M
 Full Name (Last, First, Middle Initial)
 Mailing Address Broadway at 11th Street
 City Quincy State IL Zip Code 62305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blessing Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23061453
 Amount of Each Receipt this Period 800.00
 Memo Item

B. Mr. Kenneth W Lukhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4440 West 95th Street
 City Oak Lawn State IL Zip Code 60453-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Christ Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23061454
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Peter J McCanna
 Full Name (Last, First, Middle Initial)
 Mailing Address 2025 Schiller
 City Wilmette State IL Zip Code 60091-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Memorial Hospital Occupation Executive Vice President Administratio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23061455
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Matthew J. Angela

Mailing Address 1151 East Warrenville Rd.

City Naperville	State IL	Zip Code 60563-9339
--------------------	-------------	------------------------

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

Name of Employer Illinois Health and Hospital Associati	Occupation Senior Director
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : 23061456

Amount of Each Receipt this Period
400.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Maureen A Bryant FACHE

Mailing Address 300 Randall Road

City Geneva	State IL	Zip Code 60134-4200
----------------	-------------	------------------------

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

Name of Employer Northwestern Medicine Delnor Hospital	Occupation President
---	-------------------------

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
03	/	18	/	2016

Transaction ID : 23061457

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Debra A O'Donnell RN, MSN

Mailing Address ON511 Arbor Court

City Winfield	State IL	Zip Code 60190
------------------	-------------	-------------------

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

Name of Employer Cadence Health	Occupation Chief Nursing 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
03	/	18	/	2016

Transaction ID : 23061458

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

**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 26 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Michael R Perry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1045 West Stephenson Street
 City Freeport State IL Zip Code 61032-4864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FHN Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23061459
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Mr. David L. Schreiner FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 East First Street
 City Dixon State IL Zip Code 61021-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Katherine Shaw Bethea Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23061460
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Mr. Brian Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4824 W 106th PL
 City Oak Lawn State IL Zip Code 60453-5237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Medicine Delnor Hospital Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23061461
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

**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 27 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James Keller
Full Name (Last, First, Middle Initial)

Mailing Address 835 Smoke Tree Road

City Deerfield State IL Zip Code 60015-4558

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

Name of Employer Advocate Health Care Occupation Vice President

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
 03 / 18 / 2016
Transaction ID : 23061462

Amount of Each Receipt this Period
 250.00

Memo Item

B. Ms. Maureen Morrison
Full Name (Last, First, Middle Initial)

Mailing Address 2320 East 93rd Street

City Chicago State IL Zip Code 60617-9984

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

Name of Employer Advocate Trinity Hospital Occupation Vice President Financial Services

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
 03 / 18 / 2016
Transaction ID : 23061463

Amount of Each Receipt this Period
 250.00

Memo Item

C. Mr. David Entwistle
Full Name (Last, First, Middle Initial)

Mailing Address 50 North Medical Drive

City Salt Lake City State UT Zip Code 84132-0001

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

Name of Employer University of Utah Health Care - Hospi Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : 23062887

Amount of Each Receipt this Period
 1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

TOTAL This Period (last page this line number only)..... ▶

**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 28 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Claudio D Fort
 Full Name (Last, First, Middle Initial)
 Mailing Address 189 Prouty Drive
 City State Zip Code
 Newport VT 05855-9326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Country Hospital and Health Cent President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2016
Transaction ID : 23062928
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. Dr. Robert L. Dent DNP,MBA,RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Rosalind Redfern Grover Parkwa
 City State Zip Code
 Midland TX 79701-5846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Midland Memorial Hospital Sr. VP \ Chief Operating 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
 03 / 24 / 2016
Transaction ID : 23063125
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Ms. Jill Berry Bowen
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Fairfield Street
 City State Zip Code
 Saint Albans VT 05478-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : 23063492
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

**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 29 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jerry E Jurena
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 7340

City Bismarck State ND Zip Code 58507-7340

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

Name of Employer North Dakota Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 14 / 2016
Transaction ID : 23063493

Amount of Each Receipt this Period 350.00

Memo Item

B. Ms. Therese B Pandl
Full Name (Last, First, Middle Initial)

Mailing Address 1189 Pleasant Valley Dr

City Oneida State WI Zip Code 54155-8619

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

Name of Employer Hospital Sisters Health System Occupation Division President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 23063494

Amount of Each Receipt this Period 1000.00

Memo Item

c. Dr. Mary Ann Fuchs DNP, RN, N
Full Name (Last, First, Middle Initial)

Mailing Address 8 Pine Top Place

City Durham State NC Zip Code 27705-1990

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

Name of Employer Duke University Health System Occupation Vice President Patient Care and System

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 23063496

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

TOTAL This Period (last page this line number only)..... ▶

**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 30 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Mary Starmann-Harrison FACHE, RN

Mailing Address P O Box 19456

City Springfield State IL Zip Code 62794-9456

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

Name of Employer Hospital Sisters Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 23063497

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Constance A Howes ESQ

Mailing Address 101 Dudley Street

City Providence State RI Zip Code 02905-2499

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

Name of Employer Women & Infants Hospital of Rhode Isla Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 23063498

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Yvonne Wigington

Mailing Address 4475 S SKyline Rd

City Casper State WY Zip Code 82604-9250

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

Name of Employer Wyoming Medical Center Occupation Vice President, Chief Financial Office

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2016
Transaction ID : 23063500

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

**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 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Theresa Pando RN, MA
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Meadbrook Road
 City Garden City State NY Zip Code 11530-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore University Hospital Occupation Deputy Chief Nursing Officer
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 350.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 23063517
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Mr. Keith T Coleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 272 Hospital Road
 City Chillicothe State OH Zip Code 45601-9031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Carmel Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 14 / 2016
Transaction ID : 23066742
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Michael Abrams
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 East Broad Street, Suite 301
 City Columbus State OH Zip Code 43215-3640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1500.00

Date of Receipt 03 / 14 / 2016
Transaction ID : 23066745
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

**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 32 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Eileen Whalen RN, MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Colchester Avenue
 City Burlington State VT Zip Code 05401-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Vermont Health Network U Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23069502
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Mr. Andy Fitzgerald FHFMA
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3011
 City Gillette State WY Zip Code 82717-3011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Campbell County Health Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23069506
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Road
 City Concord State NH Zip Code 03301-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 03 / 29 / 2016
Transaction ID : 23069517
 Amount of Each Receipt this Period 45.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.50
TOTAL This Period (last page this line number only).....	

**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 33 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. John Trapp MD
Full Name (Last, First, Middle Initial)

Mailing Address 6433 Countryview Rd

City Lincoln State NE Zip Code 68516-9293

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

Name of Employer Bryan Medical Center Occupation Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2016
Transaction ID : 23069525

Amount of Each Receipt this Period 250.00

Memo Item

B. Mr. David L Albrecht
Full Name (Last, First, Middle Initial)

Mailing Address 2250 NW 26th Street

City Owatonna State MN Zip Code 55060-5503

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

Name of Employer Owatonna Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23069531

Amount of Each Receipt this Period 250.00

Memo Item

C. Mr. Tim Rice
Full Name (Last, First, Middle Initial)

Mailing Address 49725 County 83

City Staples State MN Zip Code 56479-5280

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

Name of Employer Lakewood Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23069533

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**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 34 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Eric Boley

Mailing Address 2005 Warren Avenue

City Cheyenne State WY Zip Code 82001-3725

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

Name of Employer Wyoming Hospital Association Occupation President

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
 03 / 16 / 2016
Transaction ID : 23069541

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. J. Paul Conway

Mailing Address 44010 Deep Hollow Circle

City Northville State MI Zip Code 48168-8412

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

Name of Employer Oakwood Healthcare, Inc. Occupation Sr. Vice President - Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 23069586

Amount of Each Receipt this Period
350.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. John Keuten MBA

Mailing Address 570 Brittany Court

City Rochester Hills State MI Zip Code 48309-2613

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

Name of Employer Beaumont Hospital - Farmington Hills Occupation Executive Vice President and Chief Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 23069589

Amount of Each Receipt this Period
262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	862.50
TOTAL This Period (last page this line number only).....▶	

**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 35 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Mary Zatina
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chicago Boulevard
 City Detroit State MI Zip Code 48202-1414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Hospital - Taylor Occupation Senior Vice President Planning
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 262.50

Date of Receipt 03 / 22 / 2016
Transaction ID : 23069595
 Amount of Each Receipt this Period 262.50
 Memo Item

B. Ms Susan Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 2659 Melcombe Circle #309
 City Troy State MI Zip Code 48084-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Hospital - Troy Occupation Nursing Executive
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 350.00

Date of Receipt 03 / 28 / 2016
Transaction ID : 23069606
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Mr. Edwin Ness
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Sixth Street
 City Traverse City State MI Zip Code 49684-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Munson Healthcare Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 350.00

Date of Receipt 03 / 28 / 2016
Transaction ID : 23069607
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 962.50
TOTAL This Period (last page this line number only)..... ▶

**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 36 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Carolyn Wilson RN
Full Name (Last, First, Middle Initial)
Mailing Address 23670 Overlook Circle

City Bingham Farms	State MI	Zip Code 48025-4641
-----------------------	-------------	------------------------

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

Name of Employer Beaumont Health	Occupation Executive Vice President and Chief Ope
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : 23069610

Amount of Each Receipt this Period

350.00

 Memo Item

B. Mr. David Wood
Full Name (Last, First, Middle Initial)
Mailing Address 1088 Mohegan Avenue

City Birmingham	State MI	Zip Code 48009-5694
--------------------	-------------	------------------------

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

Name of Employer Beaumont Health	Occupation Chief Medical Officer
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : 23069611

Amount of Each Receipt this Period

350.00

 Memo Item

C. Ms. Cynthia Page
Full Name (Last, First, Middle Initial)
Mailing Address 24 Waterford Dr

City Weymouth	State MA	Zip Code 02188-1908
------------------	-------------	------------------------

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

Name of Employer Beth Israel Deaconess Hospital-Milton	Occupation Vice President of Clinical & Support S
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

Transaction ID : 23069679

Amount of Each Receipt this Period

262.50

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	962.50
TOTAL This Period (last page this line number only).....	▶	

**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 37 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Philip M Cormier
Full Name (Last, First, Middle Initial)

Mailing Address 85 Herrick Street

City Beverly State MA Zip Code 01915-1790

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

Name of Employer Beverly Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 22 / 2016**

Transaction ID : 23069680

Amount of Each Receipt this Period **375.00**

Memo Item

B. Mr. Mark L Goldstein
Full Name (Last, First, Middle Initial)

Mailing Address 25 Highland Avenue

City Newburyport State MA Zip Code 01950-3867

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

Name of Employer Anna Jaques Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt **03 / 22 / 2016**

Transaction ID : 23069681

Amount of Each Receipt this Period **562.50**

Memo Item

C. Dr. Gene E Green MD
Full Name (Last, First, Middle Initial)

Mailing Address 708 Springdale Ave

City Annapolis State MD Zip Code 21403-2923

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

Name of Employer South Shore Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt **03 / 22 / 2016**

Transaction ID : 23069693

Amount of Each Receipt this Period **562.50**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**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 38 OF 90
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Joanne Conroy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Road
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospital & Medical Center, Burli Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 23069694
 Amount of Each Receipt this Period
 562.50
 Memo Item

B. Mr. Michael K Lauf MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Park Street
 City Hyannis State MA Zip Code 02601-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Healthcare, Inc. 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
 03 / 22 / 2016
Transaction ID : 23069695
 Amount of Each Receipt this Period
 750.00
 Memo Item

C. Dr. Donald Guadagnoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Abegale Snow Road
 City West Barnstable State MA Zip Code 02668-1378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Healthcare, Inc. Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 23069697
 Amount of Each Receipt this Period
 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1687.50
TOTAL This Period (last page this line number only).....▶	

**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 39 OF 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Thomas Higgins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Willamsburg Drive
 City Longmeadow State MA Zip Code 01106-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Franklin Medical Center Occupation Interim President and Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 23069699
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Mr. David J Borgert
 Full Name (Last, First, Middle Initial)
 Mailing Address 1428 Poppy Rd
 City Saint Cloud State MN Zip Code 56303-0627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Cloud Hospital Occupation Director Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 23069723
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. J Kevin Croston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Oakdale Avenue North
 City Robbinsdale State MN Zip Code 55422-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Memorial Health Care Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 23069725
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

**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 40 OF 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Kenneth Paul Anderson Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Drive
 6106
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation COO-HRET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 23081482
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mr. Stephen J Pribyl FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 State Avenue
 City Faribault State MN Zip Code 55021-6339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District One Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 23094358
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr William Tapp
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 16th Avenue NE
 City Saint Petersburg State FL Zip Code 33704-4714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BayCare Health System Occupation Board Chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23094409
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

**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 41 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael Williamson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1205 Palmview Ave
 City Belleair State FL Zip Code 33756-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BayCare Health System Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23094411
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mr. Alan Bomstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Drew St
 City Clearwater State FL Zip Code 33755-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BayCare Health System Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23094412
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ms Lecia Behenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 2148 Armistead Rd
 City Tallahassee State FL Zip Code 32308-0840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097313
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

**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 42 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William A. Bell
Full Name (Last, First, Middle Initial)

Mailing Address 944 Gentian Court

City Tallahassee State FL Zip Code 32312-1228

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

Name of Employer Florida Hospital Association Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 29 / 2016
Transaction ID : 23097314

Amount of Each Receipt this Period
1000.00

Memo Item

B. Ms. Monica Corbett
Full Name (Last, First, Middle Initial)

Mailing Address 306 East College Avenue

City Tallahassee State FL Zip Code 32301-1522

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

Name of Employer Florida Hospital Association Occupation Director of Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 29 / 2016
Transaction ID : 23097317

Amount of Each Receipt this Period
500.00

Memo Item

c. Ms. Martha DeCastro RN, MS, CI
Full Name (Last, First, Middle Initial)

Mailing Address 1036 Alameda Drive

City Tallahassee State FL Zip Code 32317-9577

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

Name of Employer Florida Hospital Association Occupation Vice President for Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 29 / 2016
Transaction ID : 23097386

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

**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 43 OF 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Kate Doyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 2939 N Umbanard Dr
 City Tallahassee State FL Zip Code 32309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097387
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ms. Sally Forsberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Park Lake Circle Post Office Box 531107
 City Orlando State FL Zip Code 32803-3923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association - Orlando Occupation Director of Quality & Patient Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097388
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ms. Sarah McBrearty
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 Hillcrest St
 City Tallahassee State FL Zip Code 32308-5024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation Vice President of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097398
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

**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 44 OF 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Rich Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 El Destinado Drive
 City Tallahassee State FL Zip Code 32301-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation VP for Strategic Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097399
 Amount of Each Receipt this Period 1001.00
 Memo Item

B. Ms. Kathy A. Reep
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 W. New Hampshire
 City Orlando State FL Zip Code 32804-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association - Orlando Occupation Vice President, Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097400
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Mr. Bruce J Rueben
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 East College Avenue
 City Tallahassee State FL Zip Code 32301-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097401
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3251.00
TOTAL This Period (last page this line number only).....▶	

**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 45 OF 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Crystal Stickle		Date of Receipt MM / DD / YYYY 03 / 29 / 2016 Transaction ID : 23097403
Mailing Address 306 East College Avenue		Amount of Each Receipt this Period 1500.00
City Tallahassee	State FL	Zip Code 32301-1522
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Florida Hospital Association	Occupation Vice President Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Ms. Kim Streit		Date of Receipt MM / DD / YYYY 03 / 29 / 2016 Transaction ID : 23097404
Mailing Address 1317 Eastin Avenue		Amount of Each Receipt this Period 1000.00
City Orlando	State FL	Zip Code 32804-6309
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Florida Hospital Association - Orlando	Occupation VP, Health Research & Information	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. John Wilgis		Date of Receipt MM / DD / YYYY 03 / 29 / 2016 Transaction ID : 23097406
Mailing Address 307 Park Lake Circle		Amount of Each Receipt this Period 1200.00
City Orlando	State FL	Zip Code 32803-3923
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Florida Hospital Association	Occupation Director, Emergency Mgmt. Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	3700.00
TOTAL This Period (last page this line number only).....▶	

**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 46 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Stephen Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 212 Holland St

City Imperial State NE Zip Code 69033-2106

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

Name of Employer Chase County Community Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097440

Amount of Each Receipt this Period 250.00

Memo Item

B. Mr. James P Ulrich Jr ACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1328

City McCook State NE Zip Code 69001-1328

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

Name of Employer Community Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097444

Amount of Each Receipt this Period 250.00

Memo Item

C. Mr. John T Woodrich ACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1600 South 48th Street

City Lincoln State NE Zip Code 68506-1283

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

Name of Employer Bryan Medical Center Occupation President and Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 23097446

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Karen Ali

Mailing Address 15 Sherbrook Drive

City Princeton	State NJ	Zip Code 08550-1229
-------------------	-------------	------------------------

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

Name of Employer New Jersey Hospital Association	Occupation General Counsel, Legal Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
338.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	18	/	2016

Transaction ID : 23097721

Amount of Each Receipt this Period
6.50

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Leslie D Hirsch FACHE

Mailing Address 25 Pocono Road

City Denville	State NJ	Zip Code 07834-2954
------------------	-------------	------------------------

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

Name of Employer Saint Peter's University Hospital	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	18	/	2016

Transaction ID : 23097735

Amount of Each Receipt this Period
216.66

Memo Item

Full Name (Last, First, Middle Initial)
c. Mr. Anthony T Orlando

Mailing Address 51 Waldwick Avenue

City Waldwick	State NJ	Zip Code 07463-1943
------------------	-------------	------------------------

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

Name of Employer Englewood Hospital and Medical Center	Occupation Senior Vice President Finance
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	18	/	2016

Transaction ID : 23097743

Amount of Each Receipt this Period
325.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	548.16
TOTAL This Period (last page this line number only).....▶	

**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 48 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kevin J Slavin FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Lafayette Street
 City Hackettstown State NJ Zip Code 07840-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph's Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 23097746
 Amount of Each Receipt this Period 1300.00
 Memo Item

B. Mr. Bernard H. Becker MA, SPHR
 Full Name (Last, First, Middle Initial)
 Mailing Address 12303 De Paul Dr
 City Bridgeton State MO Zip Code 63044-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stormont Vail Health Occupation Vice President and Chief Human Resourc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2016
Transaction ID : 23097781
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ms. Judy Corzine
 Full Name (Last, First, Middle Initial)
 Mailing Address 3621 SW Woodvalley Place
 City Topeka State KS Zip Code 66614-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stormont Vail Health Occupation Administrative Director and Chief Info
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 362.50

Date of Receipt 03 / 21 / 2016
Transaction ID : 23097783
 Amount of Each Receipt this Period 362.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1912.50
TOTAL This Period (last page this line number only).....▶	

**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 49 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Dennis L George
 Full Name (Last, First, Middle Initial)
 Mailing Address 3959 Hwy 59
 City Ottawa State KS Zip Code 66067-8345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Hospital Association Occupation Board Member
 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
 03 / 21 / 2016
Transaction ID : 23097788
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. Kevin Han
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 SW 34th Terr.
 City Topeka State KS Zip Code 66614-4667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stormont Vail Health Occupation Vice President and Chief Financial Off
 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
 03 / 21 / 2016
Transaction ID : 23097789
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. Matthew M Heyn MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 South Main Street
 City Ottawa State KS Zip Code 66067-3537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ransom Memorial Hospital Occupation Chief Executive 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
 03 / 21 / 2016
Transaction ID : 23097791
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Clifton C. Jones

Mailing Address 1200 SW Hodges Rd.

City State Zip Code
Topeka KS 66615-9625

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

Name of Employer Occupation
Stormont Vail Health Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 21 / 2016
Transaction ID : 23097793

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Randall G Nyp FACHE

Mailing Address 3500 South Fourth Street

City State Zip Code
Leavenworth KS 66048-5043

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

Name of Employer Occupation
Providence Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 21 / 2016
Transaction ID : 23097803

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Dr. Kent Palmberg MD

Mailing Address 1216 SW Westside Drive

City State Zip Code
Topeka KS 66615-1236

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

Name of Employer Occupation
Stormont Vail Health Senior Vice President and Chief Medica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 21 / 2016
Transaction ID : 23097805

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶

**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 51 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randall Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 SW Tenth Avenue
 City State Zip Code
 Topeka KS 66604-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stormont Vail Health 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
 03 / 21 / 2016
Transaction ID : 23097808
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ms. Janet Stanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 6755 SW Dancaster Road
 City State Zip Code
 Topeka KS 66610-1412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stormont Vail Health Executive Vice President
 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
 03 / 21 / 2016
Transaction ID : 23097814
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Ms Catherine Rossi
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Gulf Street
 City State Zip Code
 Shrewsbury MA 01545-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMass Memorial Health Care, Inc. V.P., Managed Care Contracting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 23097820
 Amount of Each Receipt this Period
 262.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1262.50
TOTAL This Period (last page this line number only).....	

**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 52 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Joseph W Devine FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Mimosa Drive
 City Sewell State NJ Zip Code 08080-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097826
 Amount of Each Receipt this Period 1300.00
 Memo Item

B. Mr. Raymond F Fredericks
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Remington Drive
 City Edison State NJ Zip Code 08820-3947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JFK Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097830
 Amount of Each Receipt this Period 1625.00
 Memo Item

C. Mr. Brian A Gragnolati FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Devonshire Lane
 City Mendham State NJ Zip Code 07945-1859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097831
 Amount of Each Receipt this Period 1040.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3965.00
TOTAL This Period (last page this line number only).....▶	

**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 53 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Leslie D Hirsch FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Pocono Road
 City Denville State NJ Zip Code 07834-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Peter's University Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097834
 Amount of Each Receipt this Period 108.34
 Memo Item

B. Ms. Aline M Holmes DNP, RN, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Ashford Dr
 City Plainsboro State NJ Zip Code 08536-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Sr Vice President, Clinical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097835
 Amount of Each Receipt this Period 1300.00
 Memo Item

C. Ms. James Lindquist RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Hedgewood
 City Howell State NJ Zip Code 07731-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JFK Health Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097838
 Amount of Each Receipt this Period 325.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1733.34
TOTAL This Period (last page this line number only).....▶	

**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 54 OF 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael Pietrowicz
Full Name (Last, First, Middle Initial)

Mailing Address 480 Park Road

City Parsippany State NJ Zip Code 07054-1753

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

Name of Employer Englewood Hospital and Medical Center Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097839

Amount of Each Receipt this Period 325.00

Memo Item

B. Mr. Robert P Wise FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 17 Canterbury Lane

City Lebanon State NJ Zip Code 08833-3217

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

Name of Employer Hunterdon Healthcare Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 23097842

Amount of Each Receipt this Period 1300.00

Memo Item

C. Mr. Giancarlo Lyle-Edrosolo
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Rosewood Avenue

City West Hollywood State CA Zip Code 90048-2409

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

Name of Employer Cedars-Sinai Medical Center Occupation Nurse Manager, Universal Care Unit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 23097895

Amount of Each Receipt this Period 350.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1975.00

TOTAL This Period (last page this line number only)..... ▶

**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 55 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Carol Bradley MSN,RN,CEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 17147 Old River Drive
 City Lake Oswego State OR Zip Code 97034-5122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legacy Health Occupation Senior Vice President and Chief Nursin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 23097907
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dr. Kathleen D Sanford DBA, MA, R
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 350
 City Olalla State WA Zip Code 98359-0350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catholic Health Initiatives Occupation Senior Vice President, Chief Nursing O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 23097908
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ms. Patricia Artley Hart MSN, RN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 571 Hamilton Drive
 City Middletown State PA Zip Code 17057-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Milton S. Hershey Medical C Occupation Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 23097924
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

**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 56 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Melinda Reid Hatton
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1045726238461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Dale A Kirby
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 331
 City Colusa State CA Zip Code 95932-0331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1125892338461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Erik Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1819487938461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.82
TOTAL This Period (last page this line number only).....	

**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 57 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Janet Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1937843138461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Michael P. McCue
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 N. Greenwood Avenue
 City Park Ridge State IL Zip Code 60068-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR327771638461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City Oak Park State IL Zip Code 60304-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR32777838461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.82
TOTAL This Period (last page this line number only).....	

**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 58 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Pamela Austin Thompson MS,RN,FAAN

Mailing Address 10524 Knollwood Drive

City Manassas State VA Zip Code 20111-2834

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

Name of Employer AONE Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 31 / 2016**

Transaction ID : PR327812038461

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Mark Seklecki

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 31 / 2016**

Transaction ID : PR327858038461

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Jack F. Barry

Mailing Address 500 District Avenue

City Burlington State MA Zip Code 01803-5041

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 31 / 2016**

Transaction ID : PR327877838461

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

**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 59 OF 90
	<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	

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. George F. Bergstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 North Garland Court
 #3002
 City Chicago State IL Zip Code 60602-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR327895738461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Thomas J. Bonner FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 679010
 City Austin State TX Zip Code 78767-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR327983738461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Donna J. Melkonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 60640-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR328223838461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ron O. Purcell
Full Name (Last, First, Middle Initial)

Mailing Address 1093 N. Faldo Way

City Eagle State ID Zip Code 83616-5369

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR328241438461

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Richard J. Pollack
Full Name (Last, First, Middle Initial)

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

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

Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR328260938461

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Carolyn Forcina
Full Name (Last, First, Middle Initial)

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR328511838461

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 230.82

TOTAL This Period (last page this line number only).....▶

**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 61 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City Arlington State VA Zip Code 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR328512038461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Dr. John R. Combes
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR329071338461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Robyn L. Bash
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR329084438461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.82
TOTAL This Period (last page this line number only).....	

**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 62 OF 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Virginia Way
 City Brentwood State TN Zip Code 37027-7525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR329215738461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Thomas Misfeldt
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR330411638461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Paul N. Muraca
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 138th Circle West
 City Apple Valley State MN Zip Code 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR330475438461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.82
TOTAL This Period (last page this line number only).....	

**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 63 OF 90
	<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	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Eileen O'Keefe
 Full Name (Last, First, Middle Initial)
 Mailing Address 172 Atteridge
 City Lake Forest State IL Zip Code 60045-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Constituency Section
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR330549238461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Darlene Vanderbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Executive Office Opera
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR331304238461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2016
Transaction ID : PR518031938461
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

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

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.82

Date of Receipt
03 / 31 / 2016

Transaction ID : PR766023738461

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.94
TOTAL This Period (last page this line number only).....▶	80783.00

**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 65 OF 90
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. North Carolina Hospital Assoc. HOSPAC - Federal

Mailing Address Post Office Box 4449

City State Zip Code
Cary NC 27519-4449

FEC ID number of contributing federal political committee. **C** C00194647

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35992.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 02 / 2016
Transaction ID : 23045245

Amount of Each Receipt this Period
35992.12

Memo Item

Full Name (Last, First, Middle Initial)
B. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2016
Transaction ID : 23066741

Amount of Each Receipt this Period
125000.00

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160992.12
TOTAL This Period (last page this line number only).....▶	160992.12

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

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

FOR LINE NUMBER: PAGE 66 OF 90
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. TD Bank
Full Name (Last, First, Middle Initial)
Mailing Address 901 Seventh Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
789.96

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016
Transaction ID : 23098998
Amount of Each Receipt this Period
274.60
 Memo Item
Interest Earned

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	274.60
TOTAL This Period (last page this line number only).....▶	274.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23098999

Amount of Each Disbursement this Period

Memo Item
Merchant Fees

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23099002

Amount of Each Disbursement this Period

Memo Item
Bank Fee

Full Name (Last, First, Middle Initial)

C. U.S. Treasury

Mailing Address P.O. Box 2188

City Parkersburg State WV Zip Code 26106-2188

Purpose of Disbursement
Federal Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23099003

Amount of Each Disbursement this Period

Memo Item
Federal Taxes

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 23045734

Amount of Each Disbursement this Period

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

B. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Andre Carson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

/ /

Transaction ID : 23045735

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

/ /

Transaction ID : 23045736

Amount of Each Disbursement this Period

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045737

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave Joyce

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045748

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nita M. Lowey

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045755

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James P. McGovern

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045762

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045769

Amount of Each Disbursement this Period

1500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. David Rouzer For Congress

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement
Contribution

011

Candidate Name

David Rouzer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045770

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Schiff For Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Adam B. Schiff

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045771

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. HellerHighWater PAC

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2016 Contribution

011

Candidate Name

HellerHighWater PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045774

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
2016 Contribution

011

Candidate Name

IMPACT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045782

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Feinstein For Senate

Mailing Address 1801 Avenue Of The Stars Suite 829

City Los Angeles State CA Zip Code 90067

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Dianne Feinstein

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : 23045783

Amount of Each Disbursement this Period

3000.00

Memo Item
2018 Contribution

Full Name (Last, First, Middle Initial)

B. Paul Cook For Congress

Mailing Address PO Box 365

City Yucca Valley State CA Zip Code 92286

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Paul Cook

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : 23045784

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : 23045785

Amount of Each Disbursement this Period

5000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Majority Committee PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Majority Committee PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045794

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

B. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mike Bost

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045796

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Cheri Bustos

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : 23045807

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Danny K. Davis

Office Sought: House
 Senate
 President
State: IL District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23045812

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Bill Foster For Congress

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Bill Foster PhD

Office Sought: House
 Senate
 President
State: IL District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23045813

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Gutierrez For Congress

Mailing Address 5310 W. Cullom Ave.

City Chicago State IL Zip Code 60641

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Luis V. Gutierrez

Office Sought: House
 Senate
 President
State: IL District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23045814

Amount of Each Disbursement this Period

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23045815

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Mailing Address PO Box 1011

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name

ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23045817

Amount of Each Disbursement this Period

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23045819

Amount of Each Disbursement this Period

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Katko For Congress

Mailing Address PO Box 133

City State Zip Code
Camillus NY 13031

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John Katko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : 23045821

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Connolly For Congress

Mailing Address PO Box 563

City State Zip Code
Merrifield VA 22116

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Gerald E. Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : 23045822

Amount of Each Disbursement this Period

1500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. George E.B. Holding

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 23045824

Amount of Each Disbursement this Period

5000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bonamici For Congress

Mailing Address PO Box 1632

City State Zip Code
Beaverton OR 97075

Purpose of Disbursement
Contribution

Candidate Name
Rep. Suzanne Bonamici

Office Sought: House
 Senate
 President
State: OR District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23053655

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 3061 Edgewater Ln

City State Zip Code
La Crosse WI 54603

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23053656

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jason T. Smith

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23053657

Amount of Each Disbursement this Period

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Takai For Congress

Mailing Address PO Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement
Contribution

011

Candidate Name

Kyle Mark Takai

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053658

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Alamo PAC

Mailing Address 919 Congress Ave.
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Alamo PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053659

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

C. AMERIPAC: The Fund for a Greater America

Mailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053662

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Common Values PAC

Mailing Address 901 N. Washington Street
Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

Candidate Name
Common Values PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053663

Amount of Each Disbursement this Period
1000.00

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
Contribution

Candidate Name
Rep. Julia Brownley

Office Sought: House Senate President
State: CA District: 26

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053664

Amount of Each Disbursement this Period
1500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Ted Deutch For Congress Committee

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ted Deutch

Office Sought: House Senate President
State: FL District: 21

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053666

Amount of Each Disbursement this Period
5000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ted Deutch For Congress Committee

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ted Deutch

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053667

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Mario Diaz-Balart For Congress

Mailing Address 8770 Sw 72nd Street # 420

City Miami State FL Zip Code 33173

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mario Diaz-Balart

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 25

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053668

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Tom Rooney For Congress

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City Punta Gorda State FL Zip Code 33950

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas J. Rooney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 17

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053669

Amount of Each Disbursement this Period

3500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Rep. Ileana Ros-Lehtinen

Office Sought: House Senate President
State: FL District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23053670

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dennis Ross

Mailing Address P.O. Box 7310

City Lakeland State FL Zip Code 33807

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Rep. Dennis A. Ross

Office Sought: House Senate President
State: FL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23053671

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Rep. Debbie Wasserman-Schultz

Office Sought: House Senate President
State: FL District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23053672

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code
Weston FL 33326

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Debbie Wasserman-Schultz

Office Sought: House
 Senate
 President
State: FL District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23053673

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Tammy For Illinois

Mailing Address PO Box 59348

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

L Tammy Duckworth

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23053674

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Kinzinger For Congress

Mailing Address PO Box 2365

City State Zip Code
Ottawa IL 61350

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Adam Kinzinger

Office Sought: House
 Senate
 President
State: IL District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23053725

Amount of Each Disbursement this Period

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete King For Congress Committee

Mailing Address PO Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Pete T. King

Office Sought: House
 Senate
 President
State: NY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053737

Amount of Each Disbursement this Period

2000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053738

Amount of Each Disbursement this Period

500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Cartwright For Congress

Mailing Address PO Box 414

City Scranton State PA Zip Code 18501

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Matt A. Cartwright

Office Sought: House
 Senate
 President
State: PA District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : 23053740

Amount of Each Disbursement this Period

2000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Costa For Congress

Mailing Address 2037 W Bullard Avenue
355

City Fresno State CA Zip Code 93711

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim Costa

Office Sought: House
 Senate
 President
State: CA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23061681

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. McNerney For Congress

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jerry McNerney

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23061682

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Jimmy Panetta for Congress

Mailing Address 412 First Street, SE - Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Jimmy Panetta

Office Sought: House
 Senate
 President
State: CA District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23061683

Amount of Each Disbursement this Period

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : 23061684

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : 23061685

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Louise McIntosh Slaughter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : 23061686

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lee M Zeldin

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2016

Transaction ID : 23063636

Amount of Each Disbursement this Period

500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention2016

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2016

Transaction ID : 23063637

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 23069511

Amount of Each Disbursement this Period

15000.00

Memo Item
2016 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

18000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
Contribution

Candidate Name
Rep. Buddy Carter

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : 23069537

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Contribution

Candidate Name
Michelle Lujan Grisham

Office Sought: House
 Senate
 President
State: NM District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : 23069538

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. King For Congress

Mailing Address PO Box 398
202 W 2nd St

City Wall Lake State IA Zip Code 51466

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve A. King

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : 23069547

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code
Detroit Lakes MN 56502

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Collin C. Peterson

Office Sought: House
 Senate
 President
State: MN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : 23069548

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Young For Iowa, Inc.

Mailing Address PO Box 162

City State Zip Code
Van Meter IA 50261

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. David Young

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : 23069549

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Tim Walz For U.S. Congress

Mailing Address PO Box 938

City State Zip Code
Mankato MN 56002

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Timothy J. Walz

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : 23069550

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

