

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

Check if different than previously reported. (ACC) Two CityCenter, Suite 400

Washington DC 20001-4956

2. **FEC IDENTIFICATION NUMBER** ▼ C00106146 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input checked="" type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE**-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST**-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014

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 M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2014

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**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="2014"/>		3126501.95
(b) Cash on Hand at Beginning of Reporting Period.....	2714708.75	
(c) Total Receipts (from Line 19)	228275.88	1276361.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2942984.63	4402863.81
7. Total Disbursements (from Line 31).....	289598.94	1749478.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2653385.69	2653385.69
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)	12008.60	

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

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).....	131241.55	542323.08
(ii) Unitemized	43357.40	178342.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	174598.95	720665.63
(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)	174598.95	725665.63
12. Transfers From Affiliated/Other Party Committees.....	53450.00	548950.00
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.).....	226.93	1746.23
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))..... ▶	228275.88	1276361.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	228275.88	1276361.86

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	298.94	2973.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	298.94	2973.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	89300.00	623100.00
24. Independent Expenditures (use Schedule E)	200000.00	1121904.31
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	1500.00
(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	1500.00
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)) ..	289598.94	1749478.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	289598.94	1749478.12

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)	174598.95	725665.63
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174598.95	724165.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	298.94	2973.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	298.94	2973.81

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

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

FOR LINE NUMBER: PAGE 6 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Gerry Lewis-Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Lowry Blvd
 City State Zip Code
 Denver CO 80230-6082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Platte Valley Medical Center Trustee
 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
 07 / 02 / 2014
Transaction ID : 21860596
 Amount of Each Receipt this Period
 350.00

B. Ms Velinda J Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 14000
 City State Zip Code
 Longview TX 75607-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Longview Regional Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873329
 Amount of Each Receipt this Period
 300.00

C. Mr. Peter J Karl
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 Haynes Street
 City State Zip Code
 Manchester CT 06040-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rockville General Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873336
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1650.00
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 7 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Louise Dryburgh

Mailing Address PO Box 1

City State Zip Code
Park River ND 58270-0708

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

Name of Employer Occupation
First Care Health Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873343

Amount of Each Receipt this Period
330.00

Full Name (Last, First, Middle Initial)
B. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

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

Name of Employer Occupation
New Hampshire Hospital Association President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
591.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873354

Amount of Each Receipt this Period
45.50

Full Name (Last, First, Middle Initial)
C. Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City State Zip Code
Hopkinton NH 03229-3402

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

Name of Employer Occupation
New Hampshire Hospital Association V.P., Finance and Rural Hospitals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873355

Amount of Each Receipt this Period
16.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 392.20

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 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Larry A Schulz
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 728
 City Fergus Falls State MN Zip Code 56538-0728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Region Healthcare Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 08 / 2014**
Transaction ID : 21873359
 Amount of Each Receipt this Period **250.00**

B. Mr. B. Durwood Dominy
 Full Name (Last, First, Middle Initial)
 Mailing Address 595 Lee Lewis Road
 City Moultrie State GA Zip Code 31768-0548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colquitt Regional Medical Center Occupation Trustee
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : 21873752
 Amount of Each Receipt this Period **175.00**

C. Mr. Andrew Flemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4373 Plantation Crest Road
 City Valdosta State GA Zip Code 31602-0885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Georgia Medical Center Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : 21873756
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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 9 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Norma Jean Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1935 Cloy-Kildare Rd
 City State Zip Code
 Cloy GA 31303-2814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Effingham Hospital Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873769
 Amount of Each Receipt this Period
 250.00

B. Dr. Douglas Patten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6085 Goosehollow Road
 City State Zip Code
 Dawson GA 39842-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Chief Medical Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873771
 Amount of Each Receipt this Period
 1000.00

C. Mr. Michael Guerriero
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City State Zip Code
 Princeton NJ 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 244.40

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873783
 Amount of Each Receipt this Period
 26.65

SUBTOTAL of Receipts This Page (optional)..... ▶ 1276.65
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 10 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Leslie D Hirsch FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 MacKenzie Lane North
 City State Zip Code
 Denville NJ 07834-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Clare's Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 552.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873784
 Amount of Each Receipt this Period
 130.00

B. Mr. Sean J. Hopkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6180 Lower Mountain Road
 City State Zip Code
 New Hope PA 18938-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Sr. VP., Health Economics
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 243.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873785
 Amount of Each Receipt this Period
 26.54

C. Mr. Peter A Kaprielyan
 Full Name (Last, First, Middle Initial)
 Mailing Address 985 Oak Crest Lane
 City State Zip Code
 Media PA 19063-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inspira Health Network Vice President Government and External
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 21873786
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 806.54
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 165
	<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

Full Name (Last, First, Middle Initial) A. Ms. Sarah Lechner		Date of Receipt MM / DD / YYYY 07 / 07 / 2014 Transaction ID : 21873787
Mailing Address 760 Alexander Road		Amount of Each Receipt this Period 32.50
City Princeton	State NJ	Zip Code 08540-6305
FEC ID number of contributing federal political committee. C	Name of Employer New Jersey Hospital Association	
Occupation General Counsel		Aggregate Year-to-Date ▼ 279.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. John Slotman		Date of Receipt MM / DD / YYYY 07 / 07 / 2014 Transaction ID : 21873794
Mailing Address 760 Alexander Road		Amount of Each Receipt this Period 40.30
City Princeton	State NJ	Zip Code 08540-6305
FEC ID number of contributing federal political committee. C	Name of Employer New Jersey Hospital Association	
Occupation VP, GME and Teaching Hospital Issues		Aggregate Year-to-Date ▼ 326.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Bradley Chambers		Date of Receipt MM / DD / YYYY 07 / 01 / 2014 Transaction ID : 21873805
Mailing Address 1512 Apple Croft Lane		Amount of Each Receipt this Period 510.00
City Cockeysville	State MD	Zip Code 21030-1626
FEC ID number of contributing federal political committee. C	Name of Employer MedStar Union Memorial Hospital	
Occupation President		Aggregate Year-to-Date ▼ 510.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	582.80
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 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. James T. Dresher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Shucks Road
 City State Zip Code
 Bel Air MD 21015-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Johns Hopkins Health System Trustee
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : 21873808
 Amount of Each Receipt this Period
 255.00

B. Mr. David Hodgson
 Full Name (Last, First, Middle Initial)
 Mailing Address 755 Park Avenue, Apt. 12B
 City State Zip Code
 New York NY 10021-4283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Johns Hopkins Health System Chairman
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : 21873814
 Amount of Each Receipt this Period
 510.00

C. Mr. Ronald R Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1403 Lytham Court
 City State Zip Code
 Bel Air MD 21015-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Johns Hopkins Hospital President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : 21873826
 Amount of Each Receipt this Period
 255.00

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
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 165
	<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. Ms. Judy A. Reitz SCD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13005 Jerome Jay Drive
 City Cockeyesville State MD Zip Code 21030-1523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins Health System Occupation Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : 21873827
 Amount of Each Receipt this Period
 255.00

B. Mr. Larry C Hudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5035 Bennington Drive
 City Cross Lanes State WV Zip Code 25313-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation Executive VP & CFO
 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
 07 / 03 / 2014
Transaction ID : 21873903
 Amount of Each Receipt this Period
 500.00

C. Ms. Barbara Lay
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Hillside Bluffs Lane
 City Buckeye State WV Zip Code 24924-9641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pocahontas 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
 07 / 03 / 2014
Transaction ID : 21873905
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1005.00
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 14 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert D Whitler
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Evergreen Drive
 City State Zip Code
 Elkview WV 25071-9314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Charleston Area Medical Center VP Government & Community Affairs
 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
 07 / 03 / 2014
Transaction ID : 21873906
 Amount of Each Receipt this Period
 500.00

B. Mr. Jeffrey L. Oskin
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Olde Ash Lane
 City State Zip Code
 Charleston WV 25311-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Charleston Area Medical Center VP/Administrator
 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
 07 / 03 / 2014
Transaction ID : 21873926
 Amount of Each Receipt this Period
 250.00

C. Mr. Joseph M Letnaunchyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Ariel Heights
 City State Zip Code
 Charleston WV 25311-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Virginia Hospital Association President & CEO
 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
 07 / 03 / 2014
Transaction ID : 21873929
 Amount of Each Receipt this Period
 500.00

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 15 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. David L Ramsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Wildacre Drive
 City Charleston State WV Zip Code 25314-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation 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
 07 / 03 / 2014
Transaction ID : 21873930
 Amount of Each Receipt this Period
 500.00

B. Mr. Daniel Lauffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1039 Pendleton Place
 City Hurricane State WV Zip Code 25526-9484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital Occupation Senior VP & COO
 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
 07 / 03 / 2014
Transaction ID : 21873940
 Amount of Each Receipt this Period
 500.00

C. Dr. Glenn Crotty Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 E. Coventry Road
 City Charleston State WV Zip Code 25309-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation Executive VP & COO
 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
 07 / 03 / 2014
Transaction ID : 21873941
 Amount of Each Receipt this Period
 500.00

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

**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 165
	<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. Darryl L. Duncan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2014 Ices Ferry Drive
 City Morgantown State WV Zip Code 26508-8059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monongalia General Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21873942
 Amount of Each Receipt this Period 500.00

B. Mr Mahesh Amin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1802 Nottingham Lane
 City Clearwater State FL Zip Code 33764-6411
 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 ▼ 500.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874400
 Amount of Each Receipt this Period 500.00

C. Ms. Sharon P Andre RN, MS, FA
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Se Hospital Ave
 City Stuart State FL Zip Code 34994-2346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Health System Occupation Assist. VP, Peri-Op & Cardiovascular S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874401
 Amount of Each Receipt this Period 250.00

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: PAGE 17 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Doug Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Rolling View Drive
 City State Zip Code
 Dunedin FL 34698-2318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morton Plant Mease Health Care Director, Design&Construction
 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
 07 / 03 / 2014
Transaction ID : 21874402
 Amount of Each Receipt this Period
 250.00

B. Ms. Margie Atkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3098 Robinwood Lane
 City State Zip Code
 Palm Harbor FL 34684-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morton Plant Mease Health Care Director, Pastoral, Ethics, Pallative
 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
 07 / 03 / 2014
Transaction ID : 21874403
 Amount of Each Receipt this Period
 250.00

C. Mr. James S Bacon
 Full Name (Last, First, Middle Initial)
 Mailing Address 16255 Bay Vista Drive
 City State Zip Code
 Clearwater FL 33760-3127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Anthony's Hospital Director Team Resources
 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
 07 / 03 / 2014
Transaction ID : 21874404
 Amount of Each Receipt this Period
 250.00

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 18 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Delphine Ballard

Mailing Address 10414 Butia Pl

City Tampa State FL Zip Code 33618-4118

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

Name of Employer St. Joseph's Hospital Occupation Director Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 03 / 2014
Transaction ID : 21874405

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Phyllis Baum

Mailing Address 16520 South East 155th Avenue

City Weirsdale State FL Zip Code 32195

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

Name of Employer Central Florida Health Alliance Occupation Vice President/Chief Quality Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 03 / 2014
Transaction ID : 21874442

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Jimmy Baumgartner

Mailing Address 2538 West Palm Drive

City Tampa State FL Zip Code 33629-7314

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

Name of Employer St. Joseph's Hospital Occupation Director-Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 03 / 2014
Transaction ID : 21874443

Amount of Each Receipt this Period
250.00

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

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

**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 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Cynthia Blair
 Full Name (Last, First, Middle Initial)
 Mailing Address 7935 Preservation Road
 City State Zip Code
 Tallahassee FL 32312-6766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tallahassee Memorial HealthCare 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
 07 / 03 / 2014
Transaction ID : 21874445
 Amount of Each Receipt this Period
 250.00

B. Mr. Alan Bomstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Drew St
 City State Zip Code
 Clearwater FL 33755-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BayCare Health System 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
 07 / 03 / 2014
Transaction ID : 21874446
 Amount of Each Receipt this Period
 500.00

C. Mr William Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 832
 City State Zip Code
 Lake Wales FL 33859-0832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BayCare 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
 07 / 03 / 2014
Transaction ID : 21874447
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr Robert Carter

Mailing Address 1312 Mirror Ter. NW

City State Zip Code
Winter Haven FL 33881-2350

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

Name of Employer Occupation
Winter Haven Hospital 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
 07 / 03 / 2014
Transaction ID : 21874563

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Ronald J Colaguori

Mailing Address 1200 Seventh Avenue North

City State Zip Code
Saint Petersburg FL 33705-1300

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

Name of Employer Occupation
St. Anthony's Hospital Vice President Operations

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
 07 / 03 / 2014
Transaction ID : 21874564

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Anne Condor

Mailing Address 2152 W Vina Del Mar

City State Zip Code
St Pete Beach FL 33706-2842

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

Name of Employer Occupation
BayCare Health System Director Managed Care Decision Support

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
 07 / 03 / 2014
Transaction ID : 21874565

Amount of Each Receipt this Period
250.00

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 21 OF 165
	<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 Kevin Corrigan
Full Name (Last, First, Middle Initial)

Mailing Address 2948 Hillcreek Circle So

City Clearwater State FL Zip Code 33759-1210

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

Name of Employer BayCare Health System Occupation CAO/BayCare Medical Group

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
 07 / 03 / 2014

Transaction ID : 21874566

Amount of Each Receipt this Period
 500.00

B. Mr. Robert Costello
Full Name (Last, First, Middle Initial)

Mailing Address 601 Main Street

City Dunedin State FL Zip Code 34698-5848

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

Name of Employer Mease Dunedin Hospital Occupation Director Strategic Planning

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
 07 / 03 / 2014

Transaction ID : 21874567

Amount of Each Receipt this Period
 250.00

C. Mr. Denton Crockett
Full Name (Last, First, Middle Initial)

Mailing Address 16255 Bay Vista Drive

City Clearwater State FL Zip Code 33760-3127

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

Name of Employer BayCare Health System Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : 21874568

Amount of Each Receipt this Period
 1000.00

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 22 OF 165
	<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. Brain Curtiss
Full Name (Last, First, Middle Initial)
Mailing Address 310 Druid Road West
City Clearwater State FL Zip Code 33756-3860
FEC ID number of contributing federal political committee. **C**
Name of Employer BayCare Health System Occupation Marketing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874746
Amount of Each Receipt this Period 250.00

B. Ms Pamela D'Amore
Full Name (Last, First, Middle Initial)
Mailing Address 4417 W. Sevilla Street
City Tampa State FL Zip Code 33629-8356
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Joseph's Hospital Occupation Director, Heart Institute
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874747
Amount of Each Receipt this Period 250.00

C. Ms. Lori Delone
Full Name (Last, First, Middle Initial)
Mailing Address 303 North Clyde Morris Boulevard
City Daytona Beach State FL Zip Code 32114-2709
FEC ID number of contributing federal political committee. **C**
Name of Employer Health First, Inc. Occupation Senior Vice President and Chief Inform
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874748
Amount of Each Receipt this Period 1000.00

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: PAGE 23 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Janice East

Mailing Address 2021 Long Branch Lane

City State Zip Code
Clearwater FL 33760-1960

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

Name of Employer Occupation
Morton Plant Mease Health Care Director

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
 07 / 03 / 2014
Transaction ID : 21874749

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Keri Eisenbeis

Mailing Address 163 Barbados Ave

City State Zip Code
Tampa FL 33606-3502

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

Name of Employer Occupation
Morton Plant Mease Health Care Director Government Relations

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
 07 / 03 / 2014
Transaction ID : 21874750

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. V. Raymond Ferrara

Mailing Address 611 Druid Rd E,
Suite 105

City State Zip Code
Clearwater FL 33756-3948

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

Name of Employer Occupation
Morton Plant Mease Health Care 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
 07 / 03 / 2014
Transaction ID : 21874751

Amount of Each Receipt this Period
500.00

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

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

**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 165
	<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. Andrew Fink
Full Name (Last, First, Middle Initial)
Mailing Address 2014 Larkspur Ct
City Trinity State FL Zip Code 34655-4957
FEC ID number of contributing federal political committee. **C**
Name of Employer Morton Plant Mease Health Care Occupation Director, Physician Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874849
Amount of Each Receipt this Period 250.00

B. Mr Bruce Flareau
Full Name (Last, First, Middle Initial)
Mailing Address 5847 Long Bayou Way South
City Saint Petersburg State FL Zip Code 33708-3550
FEC ID number of contributing federal political committee. **C**
Name of Employer Morton Plant Hospital Occupation Executive Vice President, Physician Sv
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874854
Amount of Each Receipt this Period 1000.00

C. Mr. Eli Freilich
Full Name (Last, First, Middle Initial)
Mailing Address 1675 Coachmakers Lane
City Clearwater State FL Zip Code 33765-1735
FEC ID number of contributing federal political committee. **C**
Name of Employer BayCare Health System Occupation Director, Clinical Performance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874864
Amount of Each Receipt this Period 250.00

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: PAGE 25 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Lou Galdieri RN, BSN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 210, Mail Stop 21
 City Clearwater State FL Zip Code 33757-0210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mease Dunedin Hospital Occupation 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
 07 / 03 / 2014
Transaction ID : 21874867
 Amount of Each Receipt this Period
500.00

B. Mr. John Gantner
 Full Name (Last, First, Middle Initial)
 Mailing Address 690 Island Way Unit 404
 City Clearwater State FL Zip Code 33767-1926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BayCare Health System Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874869
 Amount of Each Receipt this Period
1000.00

C. Dr. Scott Gettings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 South Hickory Street
 City Melbourne State FL Zip Code 32901-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health First Holmes Regional Medical C Occupation Vice President and Chief Medical Office
 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
 07 / 03 / 2014
Transaction ID : 21874875
 Amount of Each Receipt this Period
500.00

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: PAGE 26 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Kimberly Guy

Mailing Address 17806 Ridgeway Ct.

City Tampa State FL Zip Code 33647-2279

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

Name of Employer St. Joseph's Hospital Occupation COO

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
 07 / 03 / 2014
Transaction ID : 21874878

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms Melonie Hall

Mailing Address 2707 Falling Leaves Dr

City Valrico State FL Zip Code 33596-5769

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

Name of Employer BayCare Health System Occupation Director of System Marketing

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
 07 / 03 / 2014
Transaction ID : 21874879

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr Michael Hance

Mailing Address 530 Winterside Dr

City Apollo Beach State FL Zip Code 33572-3400

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

Name of Employer St. Joseph's Hospital Occupation Director of Operations

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
 07 / 03 / 2014
Transaction ID : 21874882

Amount of Each Receipt this Period
250.00

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

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

**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 165
	<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

Full Name (Last, First, Middle Initial)
A. Mr. Donald G Henderson FACHE

Mailing Address 5619 Schooner Dr

City State Zip Code
Lady Lake FL 32159-6029

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

Name of Employer Occupation
Villages Regional Hospital, The 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
07 / 03 / 2014

Transaction ID : 21874887

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr Gregory Hindahl

Mailing Address 363 Rosalind Lane

City State Zip Code
Oldsmar FL 34677-4610

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

Name of Employer Occupation
BayCare Health System Chief Medical Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : 21874888

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Kris Hoce

Mailing Address 3205 Meadow View Lane

City State Zip Code
Palm Harbor FL 34683-2037

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

Name of Employer Occupation
Morton Plant Hospital 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
07 / 03 / 2014

Transaction ID : 21874893

Amount of Each Receipt this Period
500.00

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 28 OF 165
	<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. Melanie Husk
Full Name (Last, First, Middle Initial)

Mailing Address 10734 Waverley Bluff Way

City Jacksonville State FL Zip Code 32223-6683

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

Name of Employer Baptist Health Occupation VP Marketing

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
 07 / 03 / 2014

Transaction ID : 21874894

Amount of Each Receipt this Period
 250.00

B. Mr. Don Ingram
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7789

City Winter Haven State FL Zip Code 33883-7789

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

Name of Employer Winter Haven Hospital Occupation Board of Trustees

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
 07 / 03 / 2014

Transaction ID : 21874895

Amount of Each Receipt this Period
 250.00

C. Mr. Thomas P. Inzina
Full Name (Last, First, Middle Initial)

Mailing Address 405 Buttonwood Lane

City Largo State FL Zip Code 33770-4060

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

Name of Employer BayCare Health System Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : 21874896

Amount of Each Receipt this Period
 1000.00

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 29 OF 165
	<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"/>	<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 Bruce Jacobs
Full Name (Last, First, Middle Initial)
Mailing Address 701 Hammock Pine Blvd
City Clearwater State FL Zip Code 33761-4218
FEC ID number of contributing federal political committee. **C**
Name of Employer Morton Plant Mease Health Care Occupation Director, Environmental Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874897
Amount of Each Receipt this Period 250.00

B. Mr Christopher Jenkins
Full Name (Last, First, Middle Initial)
Mailing Address 152 Mobbly Bay Dr
City Oldsmar State FL Zip Code 34677-4014
FEC ID number of contributing federal political committee. **C**
Name of Employer BayCare Health System Occupation Vice President Infrastructure & CTO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874907
Amount of Each Receipt this Period 500.00

C. Dr. Donald L Jernigan PhD
Full Name (Last, First, Middle Initial)
Mailing Address 601 East Rollins Street
City Orlando State FL Zip Code 32803-1248
FEC ID number of contributing federal political committee. **C**
Name of Employer Adventist Health System Sunbelt Health Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874908
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
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 30 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Lisa Johnson RN, MS

Mailing Address 4456 Fallbrook Blvd

City State Zip Code
Palm Harbor FL 34685-2654

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

Name of Employer Occupation
Morton Plant Mease Health Care Chief Nursing Executive MPM

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
 07 / 03 / 2014
Transaction ID : 21874909

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms Sheila Johnson

Mailing Address 4824 Tea Rose Court

City State Zip Code
Lutz FL 33558-9005

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

Name of Employer Occupation
St. Joseph's Children's Hospital of Ta Director

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
 07 / 03 / 2014
Transaction ID : 21874910

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Steven P Johnson PhD

Mailing Address 6450 US Highway 1

City State Zip Code
Rockledge FL 32955-5747

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

Name of Employer Occupation
Health First, Inc. President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874911

Amount of Each Receipt this Period
1000.00

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: PAGE 31 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Cynthia Jones

Mailing Address 2920 Sanctuary Circle

City State Zip Code
Lakeland FL 33803-5482

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

Name of Employer Occupation
BayCare Health System Vice President, Applications

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
 07 / 03 / 2014
Transaction ID : 21874914

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Warren Jones

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5054

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

Name of Employer Occupation
Tallahassee Memorial HealthCare Vice President and Chief Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874915

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ms. Diane M. Kazmierski

Mailing Address 4736 Royal Palm Circle, NE

City State Zip Code
Saint Petersburg FL 33703-3138

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

Name of Employer Occupation
BayCare Health System Vice President, Managed Care

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
 07 / 03 / 2014
Transaction ID : 21874916

Amount of Each Receipt this Period
500.00

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: PAGE 32 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Teri Keel MSN, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2708 Little Country Rd
 City Parrish State FL Zip Code 34219-9263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leesburg Regional Medical Center Occupation Vice President/COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874917
 Amount of Each Receipt this Period
 250.00

B. Ms. Karen L. Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3103 Thackery Court
 City Plant City State FL Zip Code 33566-9540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph's Hospital Occupation Director, Patient Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874918
 Amount of Each Receipt this Period
 500.00

C. Mr Lee Kirkman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3952 Versailles Dr
 City Tampa State FL Zip Code 33634-7425
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874935
 Amount of Each Receipt this Period
 500.00

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 33 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Scott Kizer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5340 W Kennedy Blvd
 Unit 609
 City Tampa State FL Zip Code 33609-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morton Plant Mease Health Care Occupation Vice President Legal Services
 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
 07 / 03 / 2014
Transaction ID : 21874937
 Amount of Each Receipt this Period
 500.00

B. Mr Gay Lancaster
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Winston Drf
 City Belleair State FL Zip Code 33756-1646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BayCare Health System Occupation BCHS Board Member
 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
 07 / 03 / 2014
Transaction ID : 21874938
 Amount of Each Receipt this Period
 500.00

C. Ms Darlene Laney
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 Blackbird Court
 City Bradenton State FL Zip Code 34212-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morton Plant Mease Health Care Occupation Director of Food and Nutrition
 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
 07 / 03 / 2014
Transaction ID : 21874939
 Amount of Each Receipt this Period
 250.00

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: PAGE 34 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Stephen Lee FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5202 Mann Manor Lane
 City Jacksonville State FL Zip Code 32210-7400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Medical Center Nassau 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
 07 / 03 / 2014
Transaction ID : 21874940
 Amount of Each Receipt this Period
 250.00

B. Ms. Lorraine Lutton
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 4227
 City Tampa State FL Zip Code 33677-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph's Hospital Occupation 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
 07 / 03 / 2014
Transaction ID : 21874942
 Amount of Each Receipt this Period
 500.00

C. Mr. Michael Magee
 Full Name (Last, First, Middle Initial)
 Mailing Address 9518 Eddings Rd
 City Odessa State FL Zip Code 33556-4803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BayCare Health System Occupation Vice President, BC Pharmacy
 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
 07 / 03 / 2014
Transaction ID : 21874943
 Amount of Each Receipt this Period
 500.00

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 35 OF 165
	<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 Gene Marshall
Full Name (Last, First, Middle Initial)

Mailing Address 3799 Wellington Pkwy

City State Zip Code
Palm Harbor FL 34685-1169

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

Name of Employer Occupation
St. Joseph's Hospital Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : 21874945

Amount of Each Receipt this Period
1000.00

B. Dr. David E Mathias JD
Full Name (Last, First, Middle Initial)

Mailing Address 6450 US Highway 1

City State Zip Code
Rockledge FL 32955-5747

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

Name of Employer Occupation
Health First Holmes Regional Medical C Senior Vice President and Corporate Co

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : 21874946

Amount of Each Receipt this Period
1000.00

C. Mr. Michael A Mayo FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 3965 Cordova Ave

City State Zip Code
Jacksonville FL 32207-6018

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

Name of Employer Occupation
Baptist Medical Center Jacksonville 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
07 / 03 / 2014

Transaction ID : 21874947

Amount of Each Receipt this Period
500.00

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: PAGE 36 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr Jim McClintic
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 13th Ave N
 City State Zip Code
 St Petersburg FL 33701-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Anthony's Rehabilitation Hospital Vice President Medical Affairs
 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
 07 / 03 / 2014
Transaction ID : 21874948
 Amount of Each Receipt this Period
 500.00

B. Ms Arlene McGannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2011 Hawkhurst Circle
 City State Zip Code
 Sun City Center FL 33573-7303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Joseph's Hospital 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
 07 / 03 / 2014
Transaction ID : 21874949
 Amount of Each Receipt this Period
 250.00

C. Mr Terry McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 Gainesborough Court
 City State Zip Code
 Tampa FL 33624-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BayCare Health System Regional Director
 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
 07 / 03 / 2014
Transaction ID : 21874952
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**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 165
	<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 Tim McMahon
Full Name (Last, First, Middle Initial)
Mailing Address 1316 Preservation Way
City Oldsmar State FL Zip Code 34677-4824
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Anthony's Hospital Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874953
Amount of Each Receipt this Period 250.00

B. Mr Charles McPherson
Full Name (Last, First, Middle Initial)
Mailing Address 309 Quails Run Pass
City Winter Haven State FL Zip Code 33884-4144
FEC ID number of contributing federal political committee. **C**
Name of Employer Winter Haven Hospital Occupation Board of Trustees
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874954
Amount of Each Receipt this Period 250.00

C. Mr Michael Mikurak
Full Name (Last, First, Middle Initial)
Mailing Address 400 Beach Drive NE Unit 703
City Saint Petersburg State FL Zip Code 33701-3065
FEC ID number of contributing federal political committee. **C**
Name of Employer BayCare Health System Occupation Board of Trustees
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874955
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 38 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr Dewey Mitchell

Mailing Address 8600 State Rd 54

City State Zip Code
New Port Richey FL 34655-3003

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

Name of Employer Occupation
BayCare Health System Board of Trustees

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
 07 / 03 / 2014
Transaction ID : 21874956

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Judy Mitzlaff

Mailing Address 2333 Feathersound Dr
UnitA410

City State Zip Code
Clearwater FL 33762-3087

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

Name of Employer Occupation
BayCare Health System Director

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
 07 / 03 / 2014
Transaction ID : 21874957

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr James Mondello

Mailing Address 1204 NW Winters Creek Rd

City State Zip Code
Palm City FL 34990-8086

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

Name of Employer Occupation
Martin 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
 07 / 03 / 2014
Transaction ID : 21874958

Amount of Each Receipt this Period
250.00

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

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

**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 165
	<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. Jason H Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2112 Doral Drive

City Tallahassee	State FL	Zip Code 32312-3159
---------------------	-------------	------------------------

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

Name of Employer Tallahassee Memorial HealthCare	Occupation Vice President and Chief Operating Off
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		03		2014

Transaction ID : 21874959

Amount of Each Receipt this Period
500.00

B. Ms. Lynn Moseley
Full Name (Last, First, Middle Initial)

Mailing Address 99 North Anoka Ave

City Avon Park	State FL	Zip Code 33825-3301
-------------------	-------------	------------------------

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

Name of Employer BayCare Health System	Occupation Executive Director, Home Care
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		03		2014

Transaction ID : 21874965

Amount of Each Receipt this Period
250.00

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

Mailing Address 3322 Sam Allen Oaks Cir

City Plant City	State FL	Zip Code 33564-9058
--------------------	-------------	------------------------

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

Name of Employer Winter Haven Hospital	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		03		2014

Transaction ID : 21874968

Amount of Each Receipt this Period
500.00

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: PAGE 40 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1705 Hintington Court

City State Zip Code
Safety Harbor FL 34695-5636

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

Name of Employer Occupation
Morton Plant Hospital 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
 07 / 03 / 2014
Transaction ID : 21874971

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr Robert Pesce

Mailing Address 2901 Hansen Manor LN

City State Zip Code
Tampa FL 33611-2858

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

Name of Employer Occupation
BayCare Health System Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874973

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mrs. Diane Raines RN, MSN, N

Mailing Address 841 Prudential Dr Ste 1601

City State Zip Code
Jacksonville FL 32207-8372

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

Name of Employer Occupation
Baptist Health Chief Nursing 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
 07 / 03 / 2014
Transaction ID : 21874974

Amount of Each Receipt this Period
500.00

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

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

**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 165
	<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. Stewart Schaffer
Full Name (Last, First, Middle Initial)

Mailing Address 5340 W Kennedy Blvd
Unit 516

City Tampa State FL Zip Code 33609-2442

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

Name of Employer BayCare Health System Occupation Vice President Marketing and Communica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2014

Transaction ID : 21874975

Amount of Each Receipt this Period
500.00

B. Mr Clint Shoupe
Full Name (Last, First, Middle Initial)

Mailing Address 45 Davis Blvd
#10

City Tampa State FL Zip Code 33606-3459

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

Name of Employer Winter Haven Hospital Occupation Manager Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2014

Transaction ID : 21874977

Amount of Each Receipt this Period
250.00

C. Ms. Patricia Sizemore RN, MA
Full Name (Last, First, Middle Initial)

Mailing Address 940 Hemingway Circle

City Tampa State FL Zip Code 33602-5980

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

Name of Employer St. Anthony's Hospital Occupation Vice President Patient Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2014

Transaction ID : 21874978

Amount of Each Receipt this Period
500.00

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 42 OF 165
	<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. Scott Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1115 Interlochen Blvd

City Winter Haven State FL Zip Code 33884-3707

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

Name of Employer St. Joseph's Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874980

Amount of Each Receipt this Period 500.00

B. Mr. Michael Sparkman
Full Name (Last, First, Middle Initial)

Mailing Address 702 Tilman Place

City Plant City State FL Zip Code 33566-7169

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 07 / 03 / 2014
Transaction ID : 21874981

Amount of Each Receipt this Period 1000.00

C. Mr. Daniel Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 1706 Huntington Court

City Safety Harbor State FL Zip Code 34695-5635

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

Name of Employer BayCare Health System Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874983

Amount of Each Receipt this Period 500.00

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: PAGE 43 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 455 16th Avenue NE

City State Zip Code
Saint Petersburg FL 33704-4714

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

Name of Employer Occupation
BayCare Health System Board Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 21874984

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Mr. Tim Thompson

Mailing Address 16117 Suncrest Shores Dr

City State Zip Code
Odessa FL 33556-3223

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

Name of Employer Occupation
Morton Plant Mease Health Care Vice President and Chief Information O

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
 07 / 03 / 2014
Transaction ID : 21874985

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. William G Ulbricht

Mailing Address P O Box 12588

City State Zip Code
Saint Petersburg FL 33733-2588

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

Name of Employer Occupation
St. Anthony's Hospital 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
 07 / 03 / 2014
Transaction ID : 21874986

Amount of Each Receipt this Period
500.00

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 165
	<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. Dr. Mark Vaaler MD
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 4227

City Tampa State FL Zip Code 33677-4227

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

Name of Employer St. Joseph's Hospital Occupation Vice President Medical Staff Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874997

Amount of Each Receipt this Period 500.00

B. Ms. Gail Bouie Ward
Full Name (Last, First, Middle Initial)

Mailing Address 5065 N.W. 75th Avenue

City Lauderhill State FL Zip Code 33319-6331

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

Name of Employer Broward Health Medical Center Occupation Assistant Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014
Transaction ID : 21874998

Amount of Each Receipt this Period 250.00

C. 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 07 / 03 / 2014
Transaction ID : 21875000

Amount of Each Receipt this Period 1000.00

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 45 OF 165
	<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. Richard C Breon
Full Name (Last, First, Middle Initial)

Mailing Address 100 Michigan Street NE

City Grand Rapids State MI Zip Code 49503-2560

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

Name of Employer Spectrum Health 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
 07 / 09 / 2014

Transaction ID : 21885516

Amount of Each Receipt this Period
 350.00

B. Mr. Shane Cerone
Full Name (Last, First, Middle Initial)

Mailing Address 3601 West Thirteen Mile Road

City Royal Oak State MI Zip Code 48073-6712

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

Name of Employer Beaumont Hospital - Royal Oak Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : 21885517

Amount of Each Receipt this Period
 525.00

C. Dr. Samuel Flanders MD
Full Name (Last, First, Middle Initial)

Mailing Address 3033 Woodcreek Way

City Bloomfield State MI Zip Code 48304-1863

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

Name of Employer Beaumont Health System Occupation Sr. Vice President, Chief Quality & Sa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : 21885519

Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	1137.50
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 46 OF 165
	<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 Michael Herbert
Full Name (Last, First, Middle Initial)

Mailing Address 1946 Leader Drive, Apt 202

City Rochester Hills	State MI	Zip Code 48307-6114
-------------------------	-------------	------------------------

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

Name of Employer Beaumont Health System	Occupation Senior Vice President/Exec Director
--	---

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
07		09		2014

Transaction ID : 21885520

Amount of Each Receipt this Period

350.00

B. Mr. Jay T Holden
Full Name (Last, First, Middle Initial)

Mailing Address 3711 13 Mile Road 400-FSC

City Royal Oak	State MI	Zip Code 48073-6767
-------------------	-------------	------------------------

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

Name of Employer Beaumont Health System	Occupation 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
07		09		2014

Transaction ID : 21885530

Amount of Each Receipt this Period

175.00

C. Mr. Gene Michalski
Full Name (Last, First, Middle Initial)

Mailing Address 3711 West 13 Mile Road

City Royal Oak	State MI	Zip Code 48073-6767
-------------------	-------------	------------------------

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

Name of Employer Beaumont Health System	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : 21885531

Amount of Each Receipt this Period

2800.00

SUBTOTAL of Receipts This Page (optional).....▶	3325.00
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 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard P Swaine
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 Cadieux Road
 City State Zip Code
 Grosse Pointe MI 48230-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaumont Hospital Grosse Pointe President
 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
 07 / 09 / 2014
Transaction ID : 21885532
 Amount of Each Receipt this Period
 350.00

B. Mr. Nickolas A Vitale
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 West Thirteen Mile Road
 City State Zip Code
 Royal Oak MI 48073-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaumont Hospital - Royal Oak Executive Vice President and Chief Fin
 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
 07 / 09 / 2014
Transaction ID : 21885533
 Amount of Each Receipt this Period
 350.00

C. Mr. Gordon Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 West Thirteen Mile Road
 City State Zip Code
 Royal Oak MI 48073-6769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaumont Hospital - Royal Oak Vice President Chief Legal 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
 07 / 09 / 2014
Transaction ID : 21885534
 Amount of Each Receipt this Period
 350.00

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 48 OF 165
	<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. 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 System	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
07		09		2014

Transaction ID : 21885537

Amount of Each Receipt this Period
350.00

B. Ms. Kimberly McNally
Full Name (Last, First, Middle Initial)
Mailing Address 3300 Meridian Avenue N.

City Seattle	State WA	Zip Code 98103-9150
-----------------	-------------	------------------------

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

Name of Employer UW Medicine/Harborview Medical Center	Occupation 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
07		09		2014

Transaction ID : 21887037

Amount of Each Receipt this Period
250.00

c. Mr. Gregg A Davidson FACHE
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 1376

City Mount Vernon	State WA	Zip Code 98273-1376
----------------------	-------------	------------------------

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

Name of Employer Skagit Valley Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : 21887038

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 49 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Elaine Couture BSN, MBA,
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2555
 City State Zip Code
 Spokane WA 99220-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Providence Sacred Heart Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : 21887039
 Amount of Each Receipt this Period
 1000.00

B. Mr John Loewenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 12777 Mariner Ct
 City State Zip Code
 Palm City FL 34990-8034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Martin Health System Hospital 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
 07 / 10 / 2014
Transaction ID : 21887056
 Amount of Each Receipt this Period
 500.00

C. Mr William Crandall
 Full Name (Last, First, Middle Initial)
 Mailing Address 12782 NW Mariner Ct
 City State Zip Code
 Palm City FL 34990-8033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Martin 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
 07 / 10 / 2014
Transaction ID : 21887058
 Amount of Each Receipt this Period
 250.00

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: PAGE 50 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Drew Rector

Mailing Address 6450 US Hwy 1

City State Zip Code
Hollywood FL 33021

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

Name of Employer Occupation
Health First, Inc. 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
 07 / 10 / 2014
Transaction ID : 21887059

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Joseph G Felkner

Mailing Address 6450 US Highway 1

City State Zip Code
Rockledge FL 32955-5747

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

Name of Employer Occupation
Health First, Inc. Executive Vice President and Chief Fin

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
 07 / 10 / 2014
Transaction ID : 21887060

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Sean Gregory

Mailing Address 1816 Croghan Drive

City State Zip Code
Melbourne FL 32940-6015

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

Name of Employer Occupation
Health First Holmes Regional Medical C President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : 21887061

Amount of Each Receipt this Period
1000.00

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 51 OF 165
	<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
-----------------------------	-----------------------------	-----------------------------

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. Ms Connie Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Lara Circle #104
 City Rockledge State FL Zip Code 32955-4460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health First Cape Canaveral Hospital 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
 07 / 10 / 2014
Transaction ID : 21887071
 Amount of Each Receipt this Period
 250.00

B. Mr J Stuart Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 Front Street Condo 201
 City Melbourne State FL Zip Code 32901-7515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health First, Inc. Occupation Chief Operating 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
 07 / 10 / 2014
Transaction ID : 21887073
 Amount of Each Receipt this Period
 250.00

C. Ms. Paula B Just
 Full Name (Last, First, Middle Initial)
 Mailing Address 6535 Arroyo Dr
 City Viera State FL Zip Code 32940-8512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health First Cape Canaveral Hospital Occupation Chief HR 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
 07 / 10 / 2014
Transaction ID : 21887074
 Amount of Each Receipt this Period
 250.00

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 52 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Bo Beames

Mailing Address P O Box 1009

City State Zip Code
Socorro NM 87801-1009

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

Name of Employer Occupation
Socorro General Hospital Administrator

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
 07 / 10 / 2014
Transaction ID : 21887401

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Peter A Hofstetter

Mailing Address 1397 Weimer Road

City State Zip Code
Taos NM 87571-6253

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

Name of Employer Occupation
Holy Cross Hospital Chief Executive 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
 07 / 10 / 2014
Transaction ID : 21887402

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
C. Mr. Rick D. Wallace FACHE

Mailing Address 801 West Maple Street

City State Zip Code
Farmington NM 87401-5630

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

Name of Employer Occupation
San Juan Regional Medical Center President and 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
 07 / 10 / 2014
Transaction ID : 21887404

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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 165
	<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. John W Bluford
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Holmes Street

City Kansas City	State MO	Zip Code 64108-2640
---------------------	-------------	------------------------

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

Name of Employer Truman Medical Center-Lakewood	Occupation 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
07		09		2014

Transaction ID : 21887471

Amount of Each Receipt this Period
500.00

B. Ms. Mary C. Becker
Full Name (Last, First, Middle Initial)

Mailing Address 7800 South Eagle Road

City Columbia	State MO	Zip Code 65203-9017
------------------	-------------	------------------------

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

Name of Employer Missouri Hospital Association	Occupation Senior VP, Commc. & Health Improvement
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : 21887478

Amount of Each Receipt this Period
46.88

C. Mr. Herb B. Kuhn
Full Name (Last, First, Middle Initial)

Mailing Address 5310 Saddlebrooke 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 CEO
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : 21887487

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....	671.88
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 165
	<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. 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 ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : 21887488

Amount of Each Receipt this Period

125.00

B. Ms. Leslie Porth
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1816

City	State	Zip Code
Lake Ozark	MO	65049-1816

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

Name of Employer	Occupation
Missouri Hospital Association	Vice President of Health Improvement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **214.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : 21887490

Amount of Each Receipt this Period

53.58

C. Ms. Barbara A. Bilek
Full Name (Last, First, Middle Initial)

Mailing Address 5013 Briarwood Lane

City	State	Zip Code
Saint Joseph	MO	64506-3318

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

Name of Employer	Occupation
Heartland Health	Pharmacy Director

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
07		09		2014

Transaction ID : 21887494

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	428.58
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 165
	<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. Ms. Julie L Quirin FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1251 West 63rd Street
 City Kansas City State MO Zip Code 64113-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Luke's Hospital of Kansas City 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
 07 / 11 / 2014
Transaction ID : 21887710
 Amount of Each Receipt this Period
 250.00

B. Mr. Robert S. Bonney
 Full Name (Last, First, Middle Initial)
 Mailing Address 11522 Carter Street
 City Shawnee Mission State KS Zip Code 66210-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Luke's Health System Occupation Sr. V.P., Business Development
 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
 07 / 11 / 2014
Transaction ID : 21887712
 Amount of Each Receipt this Period
 250.00

C. Ms. Kathy A. Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 12867 Barton Street
 City Overland Park State KS Zip Code 66213-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Luke's Health System Occupation Sr. V.P. and Chief Nurse Executive
 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
 07 / 11 / 2014
Transaction ID : 21887715
 Amount of Each Receipt this Period
 250.00

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 56 OF 165
	<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. Dr. Leonard J Lozada
Full Name (Last, First, Middle Initial)

Mailing Address 2909 West 145th Street

City Overland Park State KS Zip Code 66224-3740

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

Name of Employer Saint Luke's Health System Occupation Chief Physician Executive

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
 07 / 11 / 2014

Transaction ID : 21887716

Amount of Each Receipt this Period
 250.00

B. Ms. Anne F. Strassfeld
Full Name (Last, First, Middle Initial)

Mailing Address 700 Brush Creek Blvd.

City Kansas City State MO Zip Code 64110-1513

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

Name of Employer Saint Luke's Health System Occupation Senior V.P., General Counsel

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
 07 / 11 / 2014

Transaction ID : 21887775

Amount of Each Receipt this Period
 250.00

C. Mr. Charles V Robb
Full Name (Last, First, Middle Initial)

Mailing Address 5461 Northeast Northgate Crossing

City Lee's Summit State MO Zip Code 64064-1231

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

Name of Employer Saint Luke's Health System Occupation Senior Vice President Finance and Admi

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
 07 / 11 / 2014

Transaction ID : 21887777

Amount of Each Receipt this Period
 250.00

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 57 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Dawn Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5705 West 152nd Place
 City Overland Park State KS Zip Code 66223-3254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Luke's Health System Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2014
Transaction ID : 21887778
 Amount of Each Receipt this Period 250.00

B. Mr. Michael Guerriero
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City Princeton State NJ Zip Code 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.90

Date of Receipt 07 / 11 / 2014
Transaction ID : 21887810
 Amount of Each Receipt this Period 6.50

C. Mr. Sean J. Hopkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6180 Lower Mountain Road
 City New Hope State PA Zip Code 18938-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.24

Date of Receipt 07 / 11 / 2014
Transaction ID : 21887811
 Amount of Each Receipt this Period 6.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 263.00
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 58 OF 165
	<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. Ms. Sarah Lechner
Full Name (Last, First, Middle Initial)
Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

Name of Employer New Jersey Hospital Association	Occupation General Counsel
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		11		2014

Transaction ID : 21887816

Amount of Each Receipt this Period
6.50

B. Ms. Lisa Morina
Full Name (Last, First, Middle Initial)
Mailing Address 149 Center Street

City Gibbstown	State NJ	Zip Code 08027-1281
-------------------	-------------	------------------------

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

Name of Employer Kennedy Health System	Occupation Vice President, Government & External
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		11		2014

Transaction ID : 21887819

Amount of Each Receipt this Period
325.00

C. Mr. John Slotman
Full Name (Last, First, Middle Initial)
Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

Name of Employer New Jersey Hospital Association	Occupation VP, GME and Teaching Hospital Issues
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
332.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		11		2014

Transaction ID : 21887825

Amount of Each Receipt this Period
6.50

SUBTOTAL of Receipts This Page (optional).....▶	338.00
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 59 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Matthew D Bailey FACHE

Mailing Address 4681 E. County Road 100 S.

City State Zip Code
Avon IN 46123-8336

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

Name of Employer Occupation
Indiana University Health West Hospita 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
 07 / 11 / 2014
Transaction ID : 21887832

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Vincent C Caponi

Mailing Address 8166 Darnley Court

City State Zip Code
Indianapolis IN 46260-2906

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

Name of Employer Occupation
St. Vincent Health Executive Board Chair

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
 07 / 11 / 2014
Transaction ID : 21887838

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Blake A Dye

Mailing Address 2805 W. County Road 250 S.

City State Zip Code
New Castle IN 47362-9719

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

Name of Employer Occupation
St. Vincent Heart Center of Indiana 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
 07 / 11 / 2014
Transaction ID : 21887846

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

**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 60 OF 165
	<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

Full Name (Last, First, Middle Initial)
A. Mr. Randy Hawkins

Mailing Address 807 Limestone Run Road

City	State	Zip Code
Bedford	IN	47421-8912

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

Name of Employer	Occupation
Indiana University Health Bedford Hosp	Board Member/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
 07 / 11 / 2014

Transaction ID : 21887855

Amount of Each Receipt this Period
250.00

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

Mailing Address 2903 Coachman Dr.

City	State	Zip Code
Valparaiso	IN	46385-2990

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

Name of Employer	Occupation
St. Catherine Hospital	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
 07 / 11 / 2014

Transaction ID : 21887891

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Shannon D. Coker

Mailing Address P.O. Box 1909
116 Woodgreen Crossing

City	State	Zip Code
Madison	MS	39130-1909

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

Name of Employer	Occupation
Mississippi Hospital Association	Director of Advocacy & Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : 21887996

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional).....▶	513.00
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 61 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 259

City Morton State MS Zip Code 39117-0259

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

Name of Employer Scott Regional Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 21888002

Amount of Each Receipt this Period
117.50

Full Name (Last, First, Middle Initial)
B. Mr. Eddie L. Foster

Mailing Address 116 Woodgreen Crossing

City Madison State MS Zip Code 39110-4522

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

Name of Employer Mississippi Hospital Association Solut Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 21888007

Amount of Each Receipt this Period
445.00

Full Name (Last, First, Middle Initial)
C. Mr. William C Henning

Mailing Address PO Box 946

City Oxford State MS Zip Code 38655-6002

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

Name of Employer Baptist Memorial Hospital-North Missis Occupation Administrator and Chief Executive Offi

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
07 / 10 / 2014

Transaction ID : 21888025

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **812.50**

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 62 OF 165
	<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. G Douglas Higginbotham
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 607
 City Laurel State MS Zip Code 39441-0607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Central Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : 21888026
 Amount of Each Receipt this Period
50.00

B. Mr. Richard G Hilton
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1506
 City Starkville State MS Zip Code 39760-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCH Regional Medical Center Occupation Administrator and Chief Executive Offi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : 21888027
 Amount of Each Receipt this Period
100.00

C. Ms. Wanda M. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1909
 116 Woodgreen Crossing
 City Madison State MS Zip Code 39130-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Hospital Association Occupation Executive Director, Office of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **235.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : 21888030
 Amount of Each Receipt this Period
235.00

SUBTOTAL of Receipts This Page (optional).....	385.00
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 63 OF 165
	<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. Randy King
Full Name (Last, First, Middle Initial)

Mailing Address 7601 Southcrest Parkway

City Southhaven State MS Zip Code 38671-4739

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

Name of Employer Baptist Memorial Health Care Corporati Occupation Vice President Market Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2014
Transaction ID : 21888032

Amount of Each Receipt this Period 250.00

B. Ms. Julie McNeese
Full Name (Last, First, Middle Initial)

Mailing Address 116 Woodgreen Crossing

City Madison State MS Zip Code 39110-4522

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

Name of Employer Mississippi Hospital Association Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 10 / 2014
Transaction ID : 21888038

Amount of Each Receipt this Period 160.50

C. Mr. Timothy H. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 830 South Gloster Street

City Tupelo State MS Zip Code 38801-4934

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

Name of Employer Mississippi Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt 07 / 10 / 2014
Transaction ID : 21888042

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.50

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: PAGE 64 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6051 U S Highway 49

City State Zip Code
Hattiesburg MS 39401-7200

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

Name of Employer Occupation
Forrest General Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : 21888045

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
B. Mr. Kenneth Posey FACHE

Mailing Address P O Box 527

City State Zip Code
Bay Springs MS 39422-0527

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

Name of Employer Occupation
Jasper General Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
427.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : 21888049

Amount of Each Receipt this Period
427.50

Full Name (Last, First, Middle Initial)
C. Mr. David G Putt FACHE

Mailing Address 2500 North State Street

City State Zip Code
Jackson MS 39216-4500

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

Name of Employer Occupation
Holmes County Hospital and Clinics Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
727.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : 21888050

Amount of Each Receipt this Period
477.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 2155.00

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 65 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Chuck Reece

Mailing Address 8461 Russell Topton Road

City State Zip Code
Meridian MS 39305-9499

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

Name of Employer Occupation
Rush Health Systems 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
 07 / 10 / 2014
Transaction ID : 21888052

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Ed Tucker

Mailing Address 2124 14th Street

City State Zip Code
Meridian MS 39301-4040

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

Name of Employer Occupation
Anderson Regional Medical Center Interm Chief Financial 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
 07 / 10 / 2014
Transaction ID : 21888065

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Dr. Christopher Colenda MD, MPH

Mailing Address 2 Waterfront Place #1404

City State Zip Code
Morgantown WV 26501-5965

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

Name of Employer Occupation
West Virginia United Health System 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
 07 / 21 / 2014
Transaction ID : 21894252

Amount of Each Receipt this Period
500.00

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: PAGE 66 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Shirley Adkins

Mailing Address 108 Greenbrier Road

City State Zip Code
Daniels WV 25832-9788

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

Name of Employer Occupation
Raleigh General Hospital Director

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
 07 / 21 / 2014
Transaction ID : 21894254

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Randolph Harrison

Mailing Address 3980 Hidden Acres Circle

City State Zip Code
North Fort Myers FL 33903-7100

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

Name of Employer Occupation
Raleigh General Hospital Chief Financial 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
 07 / 21 / 2014
Transaction ID : 21894256

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Michael G Sellards

Mailing Address 60 Mayfair Way

City State Zip Code
Huntington WV 25705-3835

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

Name of Employer Occupation
St. Mary's Medical Center 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
 07 / 21 / 2014
Transaction ID : 21894257

Amount of Each Receipt this Period
500.00

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

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

**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 67 OF 165
	<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. Chad R. Austin
Full Name (Last, First, Middle Initial)
Mailing Address 6518 SW 26th Court

City Topeka	State KS	Zip Code 66614-4305
----------------	-------------	------------------------

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

Name of Employer Kansas Hospital Association	Occupation Sr. Vice President, Government Relatio
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.06

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2014

Transaction ID : 21894285

Amount of Each Receipt this Period
38.46

B. Mr. David M. Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 925 S. Highland

City Chanute	State KS	Zip Code 66720-3018
-----------------	-------------	------------------------

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

Name of Employer Neosho Memorial Regional Medical Cente	Occupation Trustee
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2014

Transaction ID : 21894296

Amount of Each Receipt this Period
150.00

C. Mr. Scott J Taylor
Full Name (Last, First, Middle Initial)
Mailing Address 1617 Crestway Dr.

City Garden City	State KS	Zip Code 67846-5679
---------------------	-------------	------------------------

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

Name of Employer St. Catherine Hospital	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2014

Transaction ID : 21894300

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional).....▶	463.46
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 68 OF 165
	<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. Ms. Victoria Bayless
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Marina View Drive
 City Arnold State MD Zip Code 21012-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anne Arundel Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 18 / 2014
Transaction ID : 21894308
 Amount of Each Receipt this Period 255.00

B. Mr. Steven C Bjelich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2620 Kenneth Drive
 City Cape Girardeau State MO Zip Code 63701-8404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2014
Transaction ID : 21894453
 Amount of Each Receipt this Period 500.00

C. Mr. Steve W Graddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 6112 Ridgeview Court
 City Joplin State MO Zip Code 64804-5842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freeman Health System Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2014
Transaction ID : 21894478
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1005.00
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 69 OF 165
	<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. Mitchell L Wasden EdD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Port Townsend Court
 City Columbia State MO Zip Code 65203-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Hospitals and C Occupation Chief Executive Officer and Chief Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2014
Transaction ID : 21894740
 Amount of Each Receipt this Period 250.00

B. Mr. Stephen F Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Masonic Drive
 City Alexandria State LA Zip Code 71301-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS Schumpert Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2014
Transaction ID : 21894769
 Amount of Each Receipt this Period 500.00

C. Mr. Greg Feirn CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Henry Clay Avenue
 City New Orleans State LA Zip Code 70118-5798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LCMC Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 21 / 2014
Transaction ID : 21894770
 Amount of Each Receipt this Period 1250.00

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 70 OF 165
	<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. James T Montgomery FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1401 Foucher Street

City New Orleans State LA Zip Code 70115-3515

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

Name of Employer Touro Infirmary Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2014
Transaction ID : 21894771

Amount of Each Receipt this Period 500.00

B. Ms. Coletta Barrett RN, MHA
Full Name (Last, First, Middle Initial)

Mailing Address 5000 Hennessy Boulevard

City Baton Rouge State LA Zip Code 70808-4375

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

Name of Employer Our Lady of the Lake Regional Medical Occupation Vice President of Mission

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2014
Transaction ID : 21894772

Amount of Each Receipt this Period 500.00

C. Mr. D. Kirk Soileau
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2009

City Natchitoches State LA Zip Code 71457-2009

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

Name of Employer Natchitoches Regional Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2014
Transaction ID : 21894773

Amount of Each Receipt this Period 250.00

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: PAGE 71 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mrs. Mary R Perrin
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Henry Clay Avenue
 City State Zip Code
 New Orleans LA 70118-5720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Children's Hospital President and 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
 07 / 21 / 2014
Transaction ID : 21894778
 Amount of Each Receipt this Period
 250.00

B. Mr. Michael Hulefeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City State Zip Code
 New Orleans LA 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Health System Executive Vice President and Chief Ope
 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
 07 / 21 / 2014
Transaction ID : 21894779
 Amount of Each Receipt this Period
 250.00

C. Mr. Todd Eppler FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 920
 City State Zip Code
 Springhill LA 71075-0920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 De Soto Regional Health System 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
 07 / 21 / 2014
Transaction ID : 21894780
 Amount of Each Receipt this Period
 250.00

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 72 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. James E Cathey Jr

Mailing Address PO Box 2668

City State Zip Code
Hammond LA 70404-2668

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

Name of Employer Occupation
North Oaks Health System Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 21894781

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Charles D Daigle

Mailing Address 2600 Greenwood Road

City State Zip Code
Shreveport LA 71103-3908

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

Name of Employer Occupation
Willis-Knighton Health System Chief Operating 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
 07 / 21 / 2014
Transaction ID : 21894782

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. Charles P Whitson CPA

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer Occupation
Lake Charles Memorial Hospital Senior Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 21894783

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 787.50

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 73 OF 165
	<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. Tim Blasl
Full Name (Last, First, Middle Initial)

Mailing Address 1622 E. Interstate Avenue
Suite B

City Bismarck State ND Zip Code 58503-0561

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

Name of Employer North Dakota Hospital Association Occupation Vice President

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
07 / 22 / 2014

Transaction ID : 21895082

Amount of Each Receipt this Period
350.00

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

Mailing Address 5475 South 500 East

City Ogden State UT Zip Code 84405-6905

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

Name of Employer Ogden Regional Medical Center 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
07 / 22 / 2014

Transaction ID : 21895094

Amount of Each Receipt this Period
250.00

C. Mr. Robert Austin
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 998

City Moab State UT Zip Code 84532-0998

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

Name of Employer Moab Regional 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
07 / 22 / 2014

Transaction ID : 21895095

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 74 OF 165
	<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. David C. Gessel J.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2180 S. 1300 East #440

City Salt Lake City State UT Zip Code 84106-2813

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

Name of Employer UHA, Utah Hospital Association Occupation Vice President, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21895097

Amount of Each Receipt this Period 500.00

B. Mr. Terrence Adderley
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 907

City Bloomfield Hills State MI Zip Code 48303-0907

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

Name of Employer Beaumont Health System Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 23 / 2014
Transaction ID : 21895099

Amount of Each Receipt this Period 350.00

C. Mr. Tony Denton
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Newport Creek Drive

City Ann Arbor State MI Zip Code 48103-2206

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

Name of Employer University of Michigan Hospitals and H Occupation Interim Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 23 / 2014
Transaction ID : 21895101

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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 75 OF 165
	<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

Full Name (Last, First, Middle Initial) A. Mr. Subra Sripada		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 21895102
Mailing Address 17848 Briar Ridge		Amount of Each Receipt this Period 350.00
City Northville	State MI	Zip Code 48168-6872
FEC ID number of contributing federal political committee. C	Name of Employer Beaumont Hospital - Royal Oak	
Occupation Senior Vice President and Chief Inform		Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Vicky McFall		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 21895104
Mailing Address 529 Capp Harlan Road		Amount of Each Receipt this Period 500.00
City Tompkinsville	State KY	Zip Code 42167-1808
FEC ID number of contributing federal political committee. C	Name of Employer Monroe County Medical Center	
Occupation Chief Executive Officer		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Steven G. Rudolf		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 21895105
Mailing Address 4000 Kresge Way		Amount of Each Receipt this Period 300.00
City Louisville	State KY	Zip Code 40207-4605
FEC ID number of contributing federal political committee. C	Name of Employer Baptist Health Louisville	
Occupation Vice President		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 76 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Charles D Lovell Jr FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 410
 City State Zip Code
 Princeton KY 42445-0410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caldwell Medical Center 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
 07 / 22 / 2014
Transaction ID : 21895106
 Amount of Each Receipt this Period
 500.00

B. Mr. Michael T Hansen FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3767 37th Ave
 City State Zip Code
 Columbus NE 68601-3086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbus Community Hospital President and 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
 07 / 22 / 2014
Transaction ID : 21895115
 Amount of Each Receipt this Period
 250.00

C. Mr. Fred Slunecka
 Full Name (Last, First, Middle Initial)
 Mailing Address 7200 S Burleigh Cir
 City State Zip Code
 Sioux Falls SD 57108-5721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Health Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 437.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895123
 Amount of Each Receipt this Period
 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 762.50
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: PAGE 77 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Fred Slunecka
 Full Name (Last, First, Middle Initial)
 Mailing Address 7200 S Burleigh Cir
 City State Zip Code
 Sioux Falls SD 57108-5721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Health Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895124
 Amount of Each Receipt this Period
 12.50

B. Mr. James Crouch
 Full Name (Last, First, Middle Initial)
 Mailing Address 5632 State Highway P
 City State Zip Code
 Albany MO 64402-8249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Medical Center Vice President Technical Services
 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
 07 / 24 / 2014
Transaction ID : 21895186
 Amount of Each Receipt this Period
 500.00

C. Ms. Mary A. Frerer
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 Red Oak Drive
 City State Zip Code
 Carl Junction MO 64834-9646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Freeman Health System Chief HR 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
 07 / 24 / 2014
Transaction ID : 21895189
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 762.50
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 78 OF 165
	<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. Mitchell L Wasden EdD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Port Townsend Court
 City Columbia State MO Zip Code 65203-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Hospitals and C Occupation Chief Executive Officer and Chief Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 24 / 2014
Transaction ID : 21895200
 Amount of Each Receipt this Period 125.00

B. Mr. Matthew L Anderson JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Vice President, Regulatory/Strategic A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 07 / 22 / 2014
Transaction ID : 21895202
 Amount of Each Receipt this Period 323.05

C. Ms. Wendy Burt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W. Suite 350-S
 City Saint Paul State MN Zip Code 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Vice President, Communications & Publi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 22 / 2014
Transaction ID : 21895204
 Amount of Each Receipt this Period 134.61

SUBTOTAL of Receipts This Page (optional)..... ▶ 582.66
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 79 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Tania Daniels
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Vice President, Patient Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895205
 Amount of Each Receipt this Period
 134.61

B. Ms. Ann Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W. Suite 350-S
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895206
 Amount of Each Receipt this Period
 134.61

C. Ms. Kristin Loncorich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W. Suite 350-S
 City Saint Paul State MN Zip Code 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Director of State Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895208
 Amount of Each Receipt this Period
 134.61

SUBTOTAL of Receipts This Page (optional).....▶	403.83
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 80 OF 165
	<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. Lawrence J Massa
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue West, Suite
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1424.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895209
 Amount of Each Receipt this Period
 770.00

B. Mr. Dennis C Miley
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 West 1st Street
 City State Zip Code
 Paynesville MN 56362-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CentraCare Health-Paynesville 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
 07 / 22 / 2014
Transaction ID : 21895221
 Amount of Each Receipt this Period
 250.00

C. Mr. Ben Peltier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Vice President, Legal Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895222
 Amount of Each Receipt this Period
 269.29

SUBTOTAL of Receipts This Page (optional).....▶	1289.29
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 81 OF 165
	<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. Dr. Peter E Person MD
Full Name (Last, First, Middle Initial)

Mailing Address 502 East Second Street

City Duluth State MN Zip Code 55805-1982

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

Name of Employer: Essentia Health Occupation: Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 22 / 2014
Transaction ID : 21895223

Amount of Each Receipt this Period: 500.00

B. Mr. Joseph A Schindler
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W. Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer: Minnesota Hospital Association Occupation: Vice President, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 07 / 22 / 2014
Transaction ID : 21895224

Amount of Each Receipt this Period: 134.61

C. Mr. Mark Sonneborn
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer: Minnesota Hospital Association Occupation: Vice President of Information Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 07 / 22 / 2014
Transaction ID : 21895225

Amount of Each Receipt this Period: 134.61

SUBTOTAL of Receipts This Page (optional).....▶	769.22
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 82 OF 165
	<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
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Dr. Rulon F Stacey PhD, FACHE		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 21895226
Mailing Address 2450 Riverside Avenue		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	
Zip Code 55454-1450		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Fairview Health Services	Occupation President and Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ms. Peggy Westby		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 21895227
Mailing Address 2550 University Avenue W. Suite 350-S		Amount of Each Receipt this Period 134.61
City Saint Paul	State MN	
Zip Code 55114-1052		Aggregate Year-to-Date ▼ 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer Minnesota Hospital Association	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mr. Brett Spenst		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 21895228
Mailing Address 7700 South Broadway Street		Amount of Each Receipt this Period 250.00
City Littleton	State CO	
Zip Code 80122-2602		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Littleton Adventist Hospital	Occupation Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	484.61
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 83 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeffrey A Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12605 East 16th Avenue
 City Aurora State CO Zip Code 80045-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Hospital Occupation Director Government and Corporate Rela
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21895230
 Amount of Each Receipt this Period 250.00

B. Ms. Arlene Harms
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 County Road 14
 City Del Norte State CO Zip Code 81132-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rio Grande Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21895232
 Amount of Each Receipt this Period 250.00

C. Mr. Frank May
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 Central Park Drive
 City Steamboat Springs State CO Zip Code 80487-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yampa Valley Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21895236
 Amount of Each Receipt this Period 250.00

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 84 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Mason Smith

Mailing Address 2222 N Nevada Ave

City State Zip Code
Colorado Springs CO 80907-6819

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

Name of Employer Occupation
Penrose-St. Francis Health Services 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
 07 / 22 / 2014
Transaction ID : 21895238

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Jameson Smith

Mailing Address P O Box 7021

City State Zip Code
Colorado Springs CO 80933-7021

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

Name of Employer Occupation
Penrose-St. Francis Health Services Chief Admin 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
 07 / 22 / 2014
Transaction ID : 21895298

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. John P Harney

Mailing Address 12605 East 16th Avenue

City State Zip Code
Aurora CO 80045-2545

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

Name of Employer Occupation
University of Colorado Hospital 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
 07 / 22 / 2014
Transaction ID : 21895299

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 85 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kevin L Unger FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 South Lemay Avenue
 City State Zip Code
 Fort Collins CO 80524-3998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Center of the Rockies 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
 07 / 22 / 2014
Transaction ID : 21895302
 Amount of Each Receipt this Period
 500.00

B. Ms. Konnie Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Blanca Avenue
 City State Zip Code
 Alamosa CO 81101-2340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Luis Valley Health 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
 07 / 22 / 2014
Transaction ID : 21895305
 Amount of Each Receipt this Period
 250.00

C. Ms. Suzanne Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 12401 E. 17th Ave
 MSF417
 City State Zip Code
 Aurora CO 80045-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Hospital Vice President, AMB. 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
 07 / 22 / 2014
Transaction ID : 21895308
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**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 86 OF 165
	<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
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. Mr. Jeffrey Brickman FACHE

Mailing Address 11600 West Second Place

City Lakewood	State CO	Zip Code 80228-1527
------------------	-------------	------------------------

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

Name of Employer St. Anthony Hospital	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895309

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Heidi Baskfield

Mailing Address 13123 East 16th Avenue

City Aurora	State CO	Zip Code 80045-7106
----------------	-------------	------------------------

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

Name of Employer Children's Hospital Colorado	Occupation Director of Public Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895414

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Robert J Santilli

Mailing Address 1068 West Baltimore Pike

City Media	State PA	Zip Code 19063-5177
---------------	-------------	------------------------

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

Name of Employer Gunnison Valley Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895417

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Randall L Haffner PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9395 Crown Crest Boulevard
 City State Zip Code
 Parker CO 80138-8573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Porter Adventist Hospital 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
 07 / 22 / 2014
Transaction ID : 21895425
 Amount of Each Receipt this Period
 250.00

B. Mr. Michael Guerriero
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City State Zip Code
 Princeton NJ 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 257.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 21895441
 Amount of Each Receipt this Period
 6.50

C. Mr. Sean J. Hopkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6180 Lower Mountain Road
 City State Zip Code
 New Hope PA 18938-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Sr. VP., Health Economics
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 256.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 21895442
 Amount of Each Receipt this Period
 6.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 263.00
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 88 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Sarah Lechner
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City Princeton State NJ Zip Code 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.50

Date of Receipt 07 / 25 / 2014
Transaction ID : 21895447
 Amount of Each Receipt this Period 6.50

B. Mr. John Slotman
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City Princeton State NJ Zip Code 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation VP, GME and Teaching Hospital Issues
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.30

Date of Receipt 07 / 25 / 2014
Transaction ID : 21895454
 Amount of Each Receipt this Period 6.50

C. Dr. David P. Tarantino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Shore Drive
 City Villas State NJ Zip Code 08251-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Regional Medical Center Occupation CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 25 / 2014
Transaction ID : 21895459
 Amount of Each Receipt this Period 227.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.50
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 89 OF 165
	<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

Full Name (Last, First, Middle Initial) A. Ms. Donna Katen-Bahensky		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : 21897021
Mailing Address 9522 Blue Heron Drive		Amount of Each Receipt this Period 1500.00
City Middleton	State WI	Zip Code 53562-5068
FEC ID number of contributing federal political committee. C		
Name of Employer University of Wisconsin Hospital and C	Occupation President and Chief Executive Officer	
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. Mr. Stephen M. Ahnen		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 21897023
Mailing Address 125 Airport Road		Amount of Each Receipt this Period 91.00
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 and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 682.50	

Full Name (Last, First, Middle Initial) C. Ms. Paula Minnehan		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 21897024
Mailing Address 283 Gallopiny Hill Road		Amount of Each Receipt this Period 33.40
City Hopkinton	State NH	Zip Code 03229-3402
FEC ID number of contributing federal political committee. C		
Name of Employer New Hampshire Hospital Association	Occupation V.P., Finance and Rural Hospitals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.50	

SUBTOTAL of Receipts This Page (optional).....▶	1624.40
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 90 OF 165
	<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. Ms. Dianne Charsha RNC, MSN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 11465 Log Ridge Drive
 City State Zip Code
 Fairfax VA 22030-8529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inova Fairfax Hospital Chief Nursing 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
 07 / 29 / 2014
Transaction ID : 21897025
 Amount of Each Receipt this Period
 350.00

B. Mr Mark Ehret
 Full Name (Last, First, Middle Initial)
 Mailing Address 17309 Black Rock RD
 City State Zip Code
 Germantown MD 20874-2245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inova Health System Assistant Vice President Design/Const.
 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
 07 / 29 / 2014
Transaction ID : 21897026
 Amount of Each Receipt this Period
 350.00

C. Mr. Marshall Ruffin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Wellington Dr
 City State Zip Code
 Charlottesville VA 22903-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inova Health System Chief Technology 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
 07 / 29 / 2014
Transaction ID : 21897028
 Amount of Each Receipt this Period
 350.00

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 91 OF 165
	<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

Full Name (Last, First, Middle Initial) A. Ms. Deb Fischer-Clemens		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 21897039
Mailing Address 3217 W Zephyr PI #1		Amount of Each Receipt this Period 175.00
City Sioux Falls	State SD	Zip Code 57108-5029
FEC ID number of contributing federal political committee. C	Name of Employer Avera Health	Occupation Sr. VP, Avera Center of Public Policy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. Stephen J Pribyl FACHE		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 21897043
Mailing Address 200 State Avenue		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Deb Fischer-Clemens		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : 21897050
Mailing Address 3217 W Zephyr PI #1		Amount of Each Receipt this Period 175.00
City Sioux Falls	State SD	Zip Code 57108-5029
FEC ID number of contributing federal political committee. C	Name of Employer Avera Health	Occupation Sr. VP, Avera Center of Public Policy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 92 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Leslie Marsh

Mailing Address 1214 15th Ave

City State Zip Code
Kearney NE 68845-6500

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

Name of Employer Occupation
Lexington Regional Health Center 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
 07 / 29 / 2014
Transaction ID : 21897052

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Cindy Alloway

Mailing Address 21046 Arbor Ct

City State Zip Code
Elkhorn NE 68022-2312

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

Name of Employer Occupation
Alegent Creighton Health Midlands Hosp President

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
 07 / 29 / 2014
Transaction ID : 21897057

Amount of Each Receipt this Period
350.00

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

Mailing Address 18 Mashie Dr

City State Zip Code
McCook NE 69001-1328

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

Name of Employer Occupation
Community Hospital President and 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
 07 / 29 / 2014
Transaction ID : 21897083

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **850.00**

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 93 OF 165
	<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"/>	<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. Ms Deborah K. Weymouth FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Parrish Street
 City Canandaigua State NY Zip Code 14424-1793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthAlliance of Hudson Valley Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 07 / 28 / 2014
Transaction ID : 21897268
 Amount of Each Receipt this Period 562.50

B. Mr. John Meno
 Full Name (Last, First, Middle Initial)
 Mailing Address 20217 Old Burn Rd
 City Arlington State WA Zip Code 98223-5904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cascade Valley Hospital and Clinics Occupation Commissioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 21897272
 Amount of Each Receipt this Period 250.00

C. Mr. Jeffrey A. Mero
 Full Name (Last, First, Middle Initial)
 Mailing Address 23123- 23rd Avenue
 City Brier State WA Zip Code 98036-8383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Association of WA Public Hospital Dist Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 21897273
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1062.50
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: PAGE 94 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Eric Moll
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1668
 City Shelton State WA Zip Code 98584-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mason General 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
 07 / 29 / 2014
Transaction ID : 21897274
 Amount of Each Receipt this Period
 250.00

B. Ms. Andrea Nenzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 East 35th Street
 City Vancouver State WA Zip Code 98663-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PeaceHealth Occupation Board Chair
 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
 07 / 29 / 2014
Transaction ID : 21897275
 Amount of Each Receipt this Period
 250.00

C. Mr. Anthony A Armada
 Full Name (Last, First, Middle Initial)
 Mailing Address 10721 Durland Ave NE
 City Seattle State WA Zip Code 98125-6945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Health Services Occupation 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
 07 / 29 / 2014
Transaction ID : 21897276
 Amount of Each Receipt this Period
 750.00

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 95 OF 165
	<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. C Scott Bond
Full Name (Last, First, Middle Initial)
Mailing Address 300 Elliott Avenue West, Suite 300

City Seattle	State WA	Zip Code 98119-4122
-----------------	-------------	------------------------

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

Name of Employer Washington State Hospital Association	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
07	/	29	/	2014

Transaction ID : 21897277

Amount of Each Receipt this Period
750.00

B. Ms. Elaine Couture BSN, MBA,
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 2555

City Spokane	State WA	Zip Code 99220-2555
-----------------	-------------	------------------------

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

Name of Employer Providence Sacred Heart Medical Center	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

Transaction ID : 21897278

Amount of Each Receipt this Period
750.00

C. Ms. Sarah Patterson
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 900

City Seattle	State WA	Zip Code 98111-0900
-----------------	-------------	------------------------

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

Name of Employer Virginia Mason Medical Center	Occupation Executive Vice President and Chief Ope
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

Transaction ID : 21897279

Amount of Each Receipt this Period
1000.00

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: PAGE 96 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Deb Fischer-Clemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 3217 W Zephyr Pl #1
 City State Zip Code
 Sioux Falls SD 57108-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Health Sr. VP, Avera Center of Public Policy
 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
 07 / 29 / 2014
Transaction ID : 21897283
 Amount of Each Receipt this Period
 175.00

B. Dr. Michael A Romano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2C
 City State Zip Code
 Council Bluffs IA 51502-3002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Methodist Jennie Edmundson Hospital Vice President Medical Affairs
 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
 07 / 29 / 2014
Transaction ID : 21897284
 Amount of Each Receipt this Period
 250.00

C. Mr. Jack Dusenbery
 Full Name (Last, First, Middle Initial)
 Mailing Address 3421 West Ninth Street
 City State Zip Code
 Waterloo IA 50702-5499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Covenant Medical Center President and 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
 07 / 29 / 2014
Transaction ID : 21897286
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
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 97 OF 165
	<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

Full Name (Last, First, Middle Initial) A. Mr. Kenneth R Croken		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : 21897287
Mailing Address 1227 E Rusholme St		Amount of Each Receipt this Period 250.00
City Davenport	State IA	Zip Code 52803-2459
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis Medical Center-Davenport	Occupation Vice President Corporate Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Pamela K Delagardelle		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : 21897289
Mailing Address 201 East 'J' Avenue		Amount of Each Receipt this Period 625.00
City Grundy Center	State IA	Zip Code 50638-2028
FEC ID number of contributing federal political committee. C		
Name of Employer Allen Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter W Thoreen FACHE		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : 21897290
Mailing Address 2720 Stone Park Boulevard		Amount of Each Receipt this Period 500.00
City Sioux City	State IA	Zip Code 51104-3795
FEC ID number of contributing federal political committee. C		
Name of Employer St. Luke's Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 98 OF 165
	<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. Ms. Rebecca Anthony
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue
Suite 100

City Des Moines State IA Zip Code 50309-1800

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

Name of Employer Iowa Hospital Association Occupation Vice President, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.39**

Date of Receipt
MM / DD / YYYY
07 / 29 / 2014

Transaction ID : 21897295

Amount of Each Receipt this Period
35.71

B. Ms. Laura Malone
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue
Suite 100

City Des Moines State IA Zip Code 50309-1817

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

Name of Employer Iowa Hospital Association Occupation Director of Nursing & Clinical Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.39**

Date of Receipt
MM / DD / YYYY
07 / 29 / 2014

Transaction ID : 21897307

Amount of Each Receipt this Period
35.71

C. Mr. Perry J. Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 1920 SE Olson Drive

City Waukees State IA Zip Code 50263-8180

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

Name of Employer Iowa Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.39**

Date of Receipt
MM / DD / YYYY
07 / 29 / 2014

Transaction ID : 21897308

Amount of Each Receipt this Period
35.71

SUBTOTAL of Receipts This Page (optional).....▶	107.13
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 99 OF 165
	<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. Arthur John Spies II
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Grand Ave. Suite 100

City Des Moines	State IA	Zip Code 50309-1800
--------------------	-------------	------------------------

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

Name of Employer Iowa Hospital Association	Occupation Senior Vice President, Membership Svcs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.39**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Transaction ID : 21897310

Amount of Each Receipt this Period

35.71

B. Mr. Dennis A. White
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Graham Avenue Suite 100

City Des Moines	State IA	Zip Code 50309-1835
--------------------	-------------	------------------------

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

Name of Employer Iowa Hospital Association	Occupation Senior Vice President
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.39**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Transaction ID : 21897314

Amount of Each Receipt this Period

35.71

C. Mr. Francis G Tramp
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Diamond Street

City Onawa	State IA	Zip Code 51040-1548
---------------	-------------	------------------------

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

Name of Employer Burgess Health Center	Occupation President
---	-------------------------

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
07		22		2014

Transaction ID : 21897386

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional).....▶	446.42
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 100 OF 165
	<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

Full Name (Last, First, Middle Initial)
A. Mr. Paul Warner

Mailing Address 1600 Diamond Street

City Onawa State IA Zip Code 51040-1548

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

Name of Employer Burgess Health Center Occupation Director of IT

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
07 / 22 / 2014

Transaction ID : 21897387

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Rebecca Anthony

Mailing Address 100 East Grand Avenue Suite 100

City Des Moines State IA Zip Code 50309-1800

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

Name of Employer Iowa Hospital Association Occupation Vice President, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 21897388

Amount of Each Receipt this Period
71.42

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

Mailing Address 100 East Grand Avenue Suite 100

City Des Moines State IA Zip Code 50309-1817

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

Name of Employer Iowa Hospital Association Occupation Director of Nursing & Clinical Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 21897393

Amount of Each Receipt this Period
71.42

SUBTOTAL of Receipts This Page (optional).....▶	392.84
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 101 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Perry J. Meyer

Mailing Address 1920 SE Olson Drive

City State Zip Code
Waukee IA 50263-8180

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

Name of Employer Occupation
Iowa Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897394

Amount of Each Receipt this Period
71.42

Full Name (Last, First, Middle Initial)
B. Mr. Arthur John Spies II

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code
Des Moines IA 50309-1800

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

Name of Employer Occupation
Iowa Hospital Association Senior Vice President, Membership Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897396

Amount of Each Receipt this Period
71.42

Full Name (Last, First, Middle Initial)
C. Mr. Dennis A. White

Mailing Address 100 East Graham Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1835

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

Name of Employer Occupation
Iowa Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897399

Amount of Each Receipt this Period
71.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 214.26

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 102 OF 165
	<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. Ms. Maureen Keehne
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 East Grand Avenue
 Suite 100
 City Des Moines State IA Zip Code 50309-1817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Hospital Association Occupation Vice President and General Counsel
 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
 07 / 22 / 2014
Transaction ID : 21897400
 Amount of Each Receipt this Period
 500.00

B. Mr. Russell M Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Mercy Drive
 City Dubuque State IA Zip Code 52001-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Center-Dyersville Occupation 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
 07 / 22 / 2014
Transaction ID : 21897510
 Amount of Each Receipt this Period
 500.00

C. Ms. Karie Lyon
 Full Name (Last, First, Middle Initial)
 Mailing Address 43265 Rhineland Drive
 City Sterling Heights State MI Zip Code 48314-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Health System Occupation Vice President, IT Applications
 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
 07 / 30 / 2014
Transaction ID : 21897511
 Amount of Each Receipt this Period
 350.00

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 103 OF 165
	<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. Robert S. Taubman
Full Name (Last, First, Middle Initial)

Mailing Address 200 East Long Lake Road

City Bloomfield Hills State MI Zip Code 48304-2314

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

Name of Employer Beaumont Health System Occupation Trustee

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
 07 / 30 / 2014

Transaction ID : 21897512

Amount of Each Receipt this Period
 350.00

B. Mr. Charles Callahan
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Markwood Lane

City Springfield State IL Zip Code 62712-8950

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

Name of Employer Memorial Medical Center Occupation Vice President Operations

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
 07 / 22 / 2014

Transaction ID : 21897530

Amount of Each Receipt this Period
 250.00

c. Mr. Edgar J Curtis FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 701 North First Street

City Springfield State IL Zip Code 62781-0001

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

Name of Employer Memorial Medical Center 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
 07 / 22 / 2014

Transaction ID : 21897531

Amount of Each Receipt this Period
 750.00

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 104 OF 165
<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

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. Dolan Dalpoas
Full Name (Last, First, Middle Initial)
Mailing Address 315 8th Street

City Lincoln	State IL	Zip Code 62656-2671
-----------------	-------------	------------------------

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

Name of Employer Abraham Lincoln Memorial Hospital	Occupation President and 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
07	/	22	/	2014

Transaction ID : 21897532

Amount of Each Receipt this Period
250.00

B. Mr. Michael S Eesley
Full Name (Last, First, Middle Initial)
Mailing Address 385 Millennium Drive

City Crystal Lake	State IL	Zip Code 60012-3761
----------------------	-------------	------------------------

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

Name of Employer Centegra Hospital - Woodstock	Occupation 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
07	/	22	/	2014

Transaction ID : 21897533

Amount of Each Receipt this Period
750.00

C. Dr. David B Graham MD
Full Name (Last, First, Middle Initial)
Mailing Address 701 North First Street

City Springfield	State IL	Zip Code 62781-0001
---------------------	-------------	------------------------

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

Name of Employer Memorial Medical Center	Occupation Senior Vice President and Chief Inform
---	--

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
07	/	22	/	2014

Transaction ID : 21897534

Amount of Each Receipt this Period
250.00

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: PAGE 105 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Marsha A Prater PhD, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 North First Street
 City Springfield State IL Zip Code 62781-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health System Occupation Senior Vice President and Chief Nursin
 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
 07 / 22 / 2014
Transaction ID : 21897536
 Amount of Each Receipt this Period
 500.00

B. Mr. Bjarne Jensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2406 Argonne Ave.
 City Springfield State IL Zip Code 62704-4163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Sisters Health System Occupation 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
 07 / 22 / 2014
Transaction ID : 21897537
 Amount of Each Receipt this Period
 250.00

C. Mr. Phillip M Kambic
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 North Wall Street
 City Kankakee State IL Zip Code 60901-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Medical Center 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
 07 / 22 / 2014
Transaction ID : 21897538
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 106 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Charles Lucore
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Carpenter Street
 City Springfield State IL Zip Code 62769-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John's Hospital Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897544
 Amount of Each Receipt this Period
 750.00

B. Ms. Robyn Matsll
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 S. Warrington Rd
 City Des Plaines State IL Zip Code 60016-3023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vista Medical Center East Occupation HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897546
 Amount of Each Receipt this Period
 250.00

C. Mr. Kenneth G Reid
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 East Morgan Street
 City Carlinville State IL Zip Code 62626-1448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carlinville Area Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897571
 Amount of Each Receipt this Period
 250.00

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 107 OF 165
	<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. Robert G Senneff FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 210 West Walnut Street
City Canton State IL Zip Code 61520-2497
FEC ID number of contributing federal political committee. **C**
Name of Employer Graham Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21897572
Amount of Each Receipt this Period 1000.00

B. Ms. Kathleen C Yosko
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 795
City Wheaton State IL Zip Code 60187-0795
FEC ID number of contributing federal political committee. **C**
Name of Employer Marianjoy Rehabilitation Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21897579
Amount of Each Receipt this Period 250.00

C. Ms. Terri L. Allen
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 Hospital Association Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21897580
Amount of Each Receipt this Period 750.00

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 108 OF 165
	<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. Michael Baiardo
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 Hospital Association	Occupation Assistant 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
07	/	22	/	2014

Transaction ID : 21897581

Amount of Each Receipt this Period
250.00

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

Mailing Address 740 North Hayes

City Oak Park	State IL	Zip Code 60302-1706
------------------	-------------	------------------------

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

Name of Employer Illinois Hospital Association	Occupation Sr. Vice President, General Counsel
---	---

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
07	/	22	/	2014

Transaction ID : 21897586

Amount of Each Receipt this Period
750.00

C. Mr Joseph Fahey
Full Name (Last, First, Middle Initial)

Mailing Address 1151 East Warrenville Road

City Naperville	State IL	Zip Code 60563-1493
--------------------	-------------	------------------------

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

Name of Employer Illinois Hospital Association	Occupation Claims Supervisor
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 21897587

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 109 OF 165
	<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. Jeremy Flynn
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 3015

City Naperville State IL Zip Code 60566-7015

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

Name of Employer Illinois Hospital Association Occupation Director, Development and Government R

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
 07 / 22 / 2014

Transaction ID : 21897588

Amount of Each Receipt this Period
 500.00

B. Ms. Susan Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 1151 E. Warranville Rd.

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Chief of Staff

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
 07 / 22 / 2014

Transaction ID : 21897618

Amount of Each Receipt this Period
 750.00

C. Ms. Nichole Magalis
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 Hospital Association Occupation Senior Director, Government Relations

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
 07 / 22 / 2014

Transaction ID : 21897623

Amount of Each Receipt this Period
 750.00

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 110 OF 165
	<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. William R. McAndrew
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 South Second St.
 City Springfield State IL Zip Code 62704-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21897624
 Amount of Each Receipt this Period 600.00

B. Ms Dianne O'Donnell
 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 Hospital Association Occupation Director, Sales & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21897625
 Amount of Each Receipt this Period 750.00

C. Ms. Kimberly Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N. Capitol Street, NW Suite 585
 City Washington State DC Zip Code 20001-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Vice President, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 21897626
 Amount of Each Receipt this Period 390.00

SUBTOTAL of Receipts This Page (optional).....▶	1740.00
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 111 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Clint Parram

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897627

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Patrick Sonin

Mailing Address 1152 Alder

City State Zip Code
Bartlett IL 60103-1660

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

Name of Employer Occupation
Illinois Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897644

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Ms. Jo Ann Spoor

Mailing Address 700 South Second Street

City State Zip Code
Springfield IL 62704-2516

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

Name of Employer Occupation
Illinois Hospital Association Director, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897645

Amount of Each Receipt this Period
300.00

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: PAGE 112 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David A. Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3015
 City Naperville State IL Zip Code 60566-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Assistant Vice President, Education an
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897653
 Amount of Each Receipt this Period
 300.00

B. Ms. Lori Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 E Warrenville Rd
 City Naperville State IL Zip Code 60563-1493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897655
 Amount of Each Receipt this Period
 750.00

C. Mr. Joe Holler
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3015
 City Naperville State IL Zip Code 60566-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897656
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1650.00
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 113 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Jae Yoon

Mailing Address 1151 E Warrenville Rd

City State Zip Code
Naperville IL 60566-7015

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

Name of Employer Occupation
Illinois Hospital Association Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21897663

Amount of Each Receipt this Period
360.00

Full Name (Last, First, Middle Initial)
B. Ms. Patricia Tanney

Mailing Address 1151 E Warrenville Rd

City State Zip Code
Naperville IL 60563-1493

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

Name of Employer Occupation
Illinois Hospital Association Senior Claims Supervisor

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
 07 / 22 / 2014
Transaction ID : 21897664

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Derek Robinson

Mailing Address P O Box 3015

City State Zip Code
Naperville IL 60566-7015

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

Name of Employer Occupation
Illinois Hospital Association Executive Director

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
 07 / 22 / 2014
Transaction ID : 21897665

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1360.00

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 114 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Senior VP, Government Relations

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
 07 / 22 / 2014
Transaction ID : 21897666

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Ms. Maryjane Wurth

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association President

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
 07 / 22 / 2014
Transaction ID : 21897667

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Mr. Jay Justice

Mailing Address 22 Hickory Ridge Lane

City State Zip Code
Springfield IL 62707-9308

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

Name of Employer Occupation
Hospital Sisters Health System 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
 07 / 22 / 2014
Transaction ID : 21897691

Amount of Each Receipt this Period
250.00

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 115 OF 165
	<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. Jeffrey A Matton
Full Name (Last, First, Middle Initial)

Mailing Address 1132 Nichols Court

City Millersville State MD Zip Code 21108-2152

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

Name of Employer MedStar Good Samaritan Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.50

Date of Receipt 07 / 31 / 2014
Transaction ID : 21897908

Amount of Each Receipt this Period 535.50

B. Mr. Timothy J Tracy
Full Name (Last, First, Middle Initial)

Mailing Address 20 South Plum Street

City Vermillion State SD Zip Code 57069-3346

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

Name of Employer Sanford Vermillion Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 25 / 2014
Transaction ID : 21897962

Amount of Each Receipt this Period 375.00

C. Mr. Mark Thompson
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 6000

City Rapid City State SD Zip Code 57709-6000

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

Name of Employer Regional Health Occupation Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2014
Transaction ID : 21897998

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1160.50

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 116 OF 165
	<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. Mark Thompson
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 6000

City State Zip Code
Rapid City SD 57709-6000

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

Name of Employer Occupation
Regional Health Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.70

Date of Receipt
MM / DD / YYYY
07 / 25 / 2014
Transaction ID : 21898008

Amount of Each Receipt this Period
5.70

B. Mr. Ray Humphreys
Full Name (Last, First, Middle Initial)

Mailing Address 1102 Constitution Avenue

City State Zip Code
Meridian MS 39301-4001

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

Name of Employer Occupation
Anderson Regional Medical Center-South Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2014
Transaction ID : 21923245

Amount of Each Receipt this Period
1750.00

C. Ms. Melinda Reid Hatton
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer Occupation
American Hospital Association-Washingt Senior Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
MM / DD / YYYY
07 / 31 / 2014
Transaction ID : PR1045726231670

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional).....▶	1832.64
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 117 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mr. David Schulke		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 155 N. Wacker Dr.		Transaction ID : PR1057462131670
City Chicago	State IL	Zip Code 60606-1709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation VP Research Programs	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05	

Full Name (Last, First, Middle Initial) B. Ms. Sarah B. Macchiarola		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR1082532731670
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.94
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.05	

Full Name (Last, First, Middle Initial) C. Ms. Barbara Jellen		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 206 N Royal St		Transaction ID : PR1113464231670
City Alexandria	State VA	Zip Code 22314-2627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.94
Name of Employer American Hospital Association-Washingt	Occupation Section Director, Constituency Section	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.05	

SUBTOTAL of Receipts This Page (optional).....▶	130.82
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 118 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Lisa Allen

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 Sr. Vice President, Chief Human Resour

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1118928231670

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Dale A Kirby

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 ▼ **577.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1125892331670

Amount of Each Receipt this Period **76.94**

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

Full Name (Last, First, Middle Initial)
C. Ms. Mary Meadows

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 Director of Professional Practice, AON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1260472931670

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **130.82**

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 119 OF 165
	<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. Jack A. Mackay
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 Vice President & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1347703631670

Amount of Each Receipt this Period **38.48**

P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Susan Gergely MBA
Full Name (Last, First, Middle Initial)

Mailing Address 155 N Wacker Dr

City Chicago State IL Zip Code 60606-1787

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

Name of Employer AONE Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1347791031670

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Heather Drevna
Full Name (Last, First, Middle Initial)

Mailing Address 3205 Ravensworth PL

City Alexandria State VA Zip Code 22302-2107

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Advocacy and Member Co

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1348169731670

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **92.36**

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 120 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Sharon Allen

Mailing Address 155 N Wacker Dr

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 Associate Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1474886231670

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

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

Mailing Address 1061 N Penny Ln

City Palatine State IL Zip Code 60067-1821

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

Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1475133731670

Amount of Each Receipt this Period **38.48**

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City Upper Marlboro State MD Zip Code 20772-4323

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

Name of Employer American Hospital Association-Washingt Occupation Executive Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR1476385731670

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **92.36**

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 121 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Monica D Day
 Full Name (Last, First, Middle Initial)
 Mailing Address 4321 Telfair Blvd
 D319
 City Suitland State MD Zip Code 20746-4271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1516850631670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Elisa Arespacochaga
 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 Director, Constituency Secti
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1555656231670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Kathy Poole
 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 Director, Governance Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1589439931670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	80.82
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 122 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Kimberly Baker
 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 Director Travel Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1590809131670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Mr. Bob Kehoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr Fl 7
 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 Executive Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1625368331670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Bill Ladewski
 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 Membership Associate, Center for Heat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1625369131670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	80.82
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 123 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Joan Miller
 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 Education Program Manager, HRET
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **202.05**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1625587831670
 Amount of Each Receipt this Period **26.94**
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Monique Showalter
 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 Director, Marketing AHA Solutions, Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **202.05**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1625602231670
 Amount of Each Receipt this Period **26.94**
 P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Stephen Hines
 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 VP, Research HRET
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **202.05**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1648726631670
 Amount of Each Receipt this Period **26.94**
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	80.82
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 124 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Erik Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 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 ▼ 577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1819487931670
 Amount of Each Receipt this Period
 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Aimee Kuhlman
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Fed. Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1877582331670
 Amount of Each Receipt this Period
 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Shari Dexter
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Political Action
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR1878189831670
 Amount of Each Receipt this Period
 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	142.36
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 125 OF 165
	<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. Ms. Joanna Kim
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.05

Date of Receipt
07 / 31 / 2014
Transaction ID : PR1913190531670

Amount of Each Receipt this Period
26.94

P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Evelyn Knolle
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
07 / 31 / 2014
Transaction ID : PR1913190731670

Amount of Each Receipt this Period
38.48

P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Juanita Myrick
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Director, Employee Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt
07 / 31 / 2014
Transaction ID : PR1913192531670

Amount of Each Receipt this Period
27.00

P/R Deduction (\$13.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.42

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 126 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Jennifer Schleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Media Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 07 / 31 / 2014
Transaction ID : PR1913194031670
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. 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 ▼ 288.60

Date of Receipt
 07 / 31 / 2014
Transaction ID : PR1937843131670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Diane Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 07 / 31 / 2014
Transaction ID : PR1943461531670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 126.96
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 127 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Stacey Chappell

Mailing Address 155 N. 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 Senior Communications Specialist, Advo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : PR1963876231670

Amount of Each Receipt this Period
26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Jeff Goldman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Vice President of Coverage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : PR1978358631670

Amount of Each Receipt this Period
38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : PR327629131670

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.36

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 128 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. 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 ▼ 577.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR327771631670
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Suzanne R. Sonik
 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 Director, Long-Term Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR32777231670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 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 ▼ 577.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR32777831670
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.36
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 129 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City Chicago State IL Zip Code 60606-1709

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

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR327801731670

Amount of Each Receipt this Period **38.48**

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Pamela Austin Thompson RN, MSN

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR327812031670

Amount of Each Receipt this Period **76.94**

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

Full Name (Last, First, Middle Initial)
C. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR327831731670

Amount of Each Receipt this Period **38.48**

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **153.90**

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 130 OF 165
	<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. Robert J. Donovan
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City Chicago State IL Zip Code 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR327846231670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Ellen A. Pryga
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 Calvert Street, NW Apt. 1008
 City Washington State DC Zip Code 20008-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR327851931670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Mark Seklecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 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 ▼ 577.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR327858031670
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	142.36
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 131 OF 165
	<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. John F. Barry
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

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 ▼ **577.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR327877831670

Amount of Each Receipt this Period **76.94**

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

B. 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 ▼ **577.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR327895731670

Amount of Each Receipt this Period **76.94**

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

C. Ms. Eileen M. Collins Offner
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR327906131670

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **180.82**

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 132 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

City State Zip Code
Austin TX 78767-9010

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR327983731670

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR328132831670

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
C. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City State Zip Code
La Grange IL 60525-6406

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

Name of Employer Occupation
American Hospital Association-Chicago Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR328136931670

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.88

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 133 OF 165
	<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. 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 **577.05**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR328223831670
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

B. 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 **577.05**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR328241431670
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

C. 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 Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR328260931670
 Amount of Each Receipt this Period **76.94**
 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 134 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Clover Hill Court
 City State Zip Code
 Yardley PA 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 ▼
 577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR328511831670
 Amount of Each Receipt this Period
 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City State Zip Code
 Arlington VA 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 ▼
 577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR328512031670
 Amount of Each Receipt this Period
 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 City State Zip Code
 Chicago IL 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago
 Occupation Senior Director, Health Data Managemen
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR328641131670
 Amount of Each Receipt this Period
 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.36
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 135 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City State Zip Code
Chicago IL 60606-1709

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

Name of Employer Occupation
American Hospital Association-Chicago CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR328913331670

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
B. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606-4425

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

Name of Employer Occupation
American Hospital Association-Chicago SPSA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR329013431670

Amount of Each Receipt this Period
38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Dr. John R. Combes

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer Occupation
American Hospital Association-Chicago President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR329071331670

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.36

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 136 OF 165
	<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. Ms. Robyn L. Bash
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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 ▼
465.00

Date of Receipt
07 / 31 / 2014
Transaction ID : PR329084431670

Amount of Each Receipt this Period
97.28

P/R Deduction (\$48.64 Bi-Weekly)

B. Mr. W. Thomas Deweese
Full Name (Last, First, Middle Initial)

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

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 ▼
577.05

Date of Receipt
07 / 31 / 2014
Transaction ID : PR329215731670

Amount of Each Receipt this Period
76.94

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

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

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606-4425

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

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.05

Date of Receipt
07 / 31 / 2014
Transaction ID : PR329342631670

Amount of Each Receipt this Period
26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.16

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: PAGE 137 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Patricia Meersman
 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 Senior Director Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR33034331670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 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 ▼ 577.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR330411631670
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Maureen D. Mudron
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR330465231670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.36
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 138 OF 165
<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

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

Full Name (Last, First, Middle Initial) A. Mr. Paul N. Muraca		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR330475431670
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 76.94
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05	P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR330547731670
Mailing Address One North Franklin		Amount of Each Receipt this Period 38.48
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 Vice President, Strategic Planning
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.60	P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ms. Eileen O'Keefe		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR330549231670
Mailing Address 172 Atteridge		Amount of Each Receipt this Period 76.94
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05	P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.36
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 139 OF 165
	<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. Anthony Spohn
Full Name (Last, First, Middle Initial)

Mailing Address 3219 N. Oriole

City Chicago State IL Zip Code 60634-3232

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Members

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR331098331670

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Debi H. Tucker Esq.
Full Name (Last, First, Middle Initial)

Mailing Address 1101 N. Kentucky Street

City Arlington State VA Zip Code 22205-3515

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

Name of Employer American Hospital Association-Washingt Occupation Director, State Issues Forum

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR331278831670

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Darlene S. Vanderbush
Full Name (Last, First, Middle Initial)

Mailing Address 26 West Glendale Ave.

City Alexandria State VA Zip Code 22301-2402

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Operations - APP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR331304231670

Amount of Each Receipt this Period 76.94

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

SUBTOTAL of Receipts This Page (optional).....▶ 153.90

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 140 OF 165
	<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. Ms. Jo Ann Webb
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR331379131670

Amount of Each Receipt this Period 26.94

P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Judy Weinsheimer
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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 ▼ 202.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR331386931670

Amount of Each Receipt this Period 26.94

P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Dale Woodin
Full Name (Last, First, Middle Initial)

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR331481331670

Amount of Each Receipt this Period 26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.82

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 141 OF 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 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 ▼ 577.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR518031931670
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Laura M. Werner
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR560101531670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Carlos Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 City Washington State DC Zip Code 20004-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR566280931670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	153.90
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 142 OF 165
	<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. Ms. Ashley B. Thompson
 Full Name (Last, First, Middle Initial)
 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 ▼ 577.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR766023731670
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Rochelle M. Archuleta
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2014
Transaction ID : PR801366331670
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Lisa Kidder Hrobsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two City Center, 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2014
Transaction ID : PR876637231670
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	142.36
TOTAL This Period (last page this line number only).....▶	131241.55

**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 143 OF 165
<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

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

Full Name (Last, First, Middle Initial)
A. AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City Phoenix State AZ Zip Code 85012

FEC ID number of contributing federal political committee. **C C00217687**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2014

Transaction ID : 21873344

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City Austin State TX Zip Code 78761-5587

FEC ID number of contributing federal political committee. **C C00301325**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
48000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2014

Transaction ID : 21873801

Amount of Each Receipt this Period
33000.00

Full Name (Last, First, Middle Initial)
C. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing federal political committee. **C C00128082**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
65000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2014

Transaction ID : 21893572

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional).....▶	53000.00
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 144 OF 165
<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

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. Wisconsin Hospital Association Federal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 5510 Research Park Drive
 PO Box 259038
 City Madison State WI Zip Code 53725-9038
 FEC ID number of contributing federal political committee. **C** C00422881
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 6150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895086
 Amount of Each Receipt this Period
 350.00

B. Wisconsin Hospital Association Federal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 5510 Research Park Drive
 PO Box 259038
 City Madison State WI Zip Code 53725-9038
 FEC ID number of contributing federal political committee. **C** C00422881
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 6250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 21895087
 Amount of Each Receipt this Period
 100.00

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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	53450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TD Bank

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 ▼
1746.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 21923311

Amount of Each Receipt this Period
226.93

Interest Earned

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	226.93
TOTAL This Period (last page this line number only).....▶	226.93

**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

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

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

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 03 / 2014

Transaction ID : 21923331

Amount of Each Disbursement this Period
122.06

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2014

Transaction ID : 21923333

Amount of Each Disbursement this Period
57.13

Merchant Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2014

Transaction ID : 21923352

Amount of Each Disbursement this Period
34.14

Merchant Fees

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

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

213.33

**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

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

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 21923353

Amount of Each Disbursement this Period

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

Full Name (Last, First, Middle Initial)

A. Graham For Congress

Mailing Address PO Box 310

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement
Contribution

011

Candidate Name

Gwen Graham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : 21865451

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Pete Gallego

Mailing Address PO Box 1781

City San Antonio State TX Zip Code 78296

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Pete Gallego

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : 21875165

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jeff B. Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : 21875166

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve Scalise

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : 21875167

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : 21875170

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Heartland Values PAC

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Heartland Values PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : 21875173

Amount of Each Disbursement this Period

3500.00

2014 Contribution

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

5500.00

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

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

Full Name (Last, First, Middle Initial)

A. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

011

Candidate Name

Ted Lieu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : 21875174

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Crenshaw For Congress Campaign

Mailing Address 7235 Bonneval Road
Suite 210

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ander Crenshaw

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : 21875175

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Andy Barr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : 21875176

Amount of Each Disbursement this Period

1000.00

Contribution

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

4000.00

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

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

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 111 C Street SE
Lower Unit

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

Candidate Name
The Freedom Project

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 21875177

Amount of Each Disbursement this Period

2014 Contribution

Full Name (Last, First, Middle Initial)

B. David Rouzer For Congress

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement
Void of 05/14 Check

Candidate Name
David Rouzer

Office Sought: House Senate President
State: NC District: 07 Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 21895463

Amount of Each Disbursement this Period

Void of 05/14 Check

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mark Robert Warner

Office Sought: House Senate President
State: VA District: Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 21897302

Amount of Each Disbursement this Period

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897304

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jaime Herrera-Beutler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897306

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897312

Amount of Each Disbursement this Period

2500.00

Contribution

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

4500.00

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

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

Full Name (Last, First, Middle Initial)

A. Palazzo For Congress

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steven M. Palazzo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897316

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Patriots For Perry

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Scott Perry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897317

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Aaron Jon Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897318

Amount of Each Disbursement this Period

2000.00

Contribution

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

4000.00

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

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

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Frederick Stephen Upton

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : 21897319

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City State Zip Code
Encinitas CA 92024

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Juan C. Vargas

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : 21897320

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Next Century Fund

Mailing Address 116 South Royal Street

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : 21897322

Amount of Each Disbursement this Period

1000.00

2014 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

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

Full Name (Last, First, Middle Initial)

A. GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Mailing Address PO Box 30344

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2014 Contribution

011

Candidate Name
GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897323

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Responsibility and Freedom Work PAC

Mailing Address PO Box 196

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Responsibility and Freedom Work PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897324

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Capito For West Virginia

Mailing Address PO Box 11519

City State Zip Code
Charleston WV 25339

Purpose of Disbursement
Contribution

011

Candidate Name
Shelley Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897325

Amount of Each Disbursement this Period

5000.00

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

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

Full Name (Last, First, Middle Initial) A. Families For James Lankford		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address PO Box 1639		Transaction ID : 21897326
City Bethany	State OK	
Zip Code 73008	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. James Paul Lankford	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: OK District: 05	

Full Name (Last, First, Middle Initial) B. Moolenaar For Congress		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 5915 Eastman Avenue Suite 100		Transaction ID : 21897327
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name John Moolenaar	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MI District: 04	

Full Name (Last, First, Middle Initial) C. Trott For Congress, Inc.		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 2085 E. West Maple Road A-101		Transaction ID : 21897329
City Commerce	State MI	
Zip Code 48390	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00
Candidate Name David Trott	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MI District: 11	

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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

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

Full Name (Last, First, Middle Initial)

A. Chris Gibson For Congress

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Chris Gibson

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897331

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. George K. Butterfield

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897332

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897334

Amount of Each Disbursement this Period

1500.00

Contribution

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

3500.00

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

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

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : 21897335

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim Bishop

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898267

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Duckworth For Congress

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tammy Duckworth

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898268

Amount of Each Disbursement this Period

1500.00

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

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

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898270

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Quigley For Congress

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael Quigley

Office Sought: House
 Senate
 President
State: IL District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898272

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter Roskam

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898274

Amount of Each Disbursement this Period

3000.00

Contribution

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

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

10500.00

**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

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

Full Name (Last, First, Middle Initial)

A. Schneider For Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Brad Schneider

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 21898276

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. CMR PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2014 Contribution

011

Candidate Name

CMR PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 21898278

Amount of Each Disbursement this Period

2500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Free State PAC

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Free State PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 21898281

Amount of Each Disbursement this Period

5000.00

2014 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

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

Full Name (Last, First, Middle Initial)

A. Fund For The Majority, The

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Fund For The Majority, The

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 21898282

Amount of Each Disbursement this Period

2000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Treasure State PAC

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Treasure State PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 21898284

Amount of Each Disbursement this Period

5000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Rounds For Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement
Contribution

011

Candidate Name

Marion Rounds

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 21898288

Amount of Each Disbursement this Period

1500.00

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

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

Full Name (Last, First, Middle Initial)

A. Cory Booker For Senate

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Cory A. Booker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898291

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Chris Gibson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898293

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark Robert Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898296

Amount of Each Disbursement this Period

500.00

Contribution

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

5500.00

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

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

Full Name (Last, First, Middle Initial)

A. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Rick Larsen

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898297

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mark Pocan

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 21898298

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rudy Hobbs For Congress

Mailing Address PO Box 442056

City Detroit State MI Zip Code 48244

Purpose of Disbursement
Contribution

011

Candidate Name

Rudy Hobbs

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : 21923332

Amount of Each Disbursement this Period

2000.00

Contribution

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

4000.00

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

89300.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 164 OF 165
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor McCarthy Hennings Whalen, Inc.	Nature of Debt (Purpose): Television Production
Mailing Address 1850 M Street, NW Suite 235	
City State Zip Code Washington DC 20036-5837	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : 21947641	
Amount Incurred This Period <input type="text" value="12008.60"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12008.60"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="12008.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="12008.60"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12008.60"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER ▼ C C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
Mailing Address 600 Fairmount Avenue Suite 306	Amount 200000.00
City State Zip Code Townson MD 21286	Transaction ID : 21874890 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Purpose of Expenditure Television Advertising	Category/Type 004
Name of Federal Candidate Sen. Pat Roberts	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ 200000.00

Full Name of Payee McCarthy Hennings Whalen, Inc. [MEMO ITEM] Television Production	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
Mailing Address 1850 M Street, NW Suite 235	Amount 12008.60
City State Zip Code Washington DC 20036	Transaction ID : 21874892 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure Television Production	Category/Type 004
Name of Federal Candidate Sen. Pat Roberts	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ 212008.60

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	200000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2014

Signature _____