

**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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 34 Maple Street

City Norwalk State CT Zip Code 06850-3815

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

Name of Employer Norwalk Hospital 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
 09 / 14 / 2015
Transaction ID : 22691477

Amount of Each Receipt this Period
 500.00

B. Ms. Paula F Baker
Full Name (Last, First, Middle Initial)

Mailing Address 3820 Old Orchard Road

City Joplin State MO Zip Code 64804-8008

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

Name of Employer Freeman Health System 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
 09 / 11 / 2015
Transaction ID : 22691483

Amount of Each Receipt this Period
 500.00

C. Mr. John M Dawes FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1505 West 3rd

City Sedalia State MO Zip Code 65301-3604

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

Name of Employer Bothwell Regional Health Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 22691489

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).....▶	