

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

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

FOR LINE NUMBER: PAGE 117 OF 165
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Vikki Noyes

Mailing Address 4309 Anna Lane

City State Zip Code
Wenatchee WA 98801-9034

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

Name of Employer Occupation
Confluence Health 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
 09 / 30 / 2015
Transaction ID : 22735426

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms Joanne Roberts MD

Mailing Address 1321 Colby Avenue

City State Zip Code
Everett WA 98206-1147

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

Name of Employer Occupation
Providence Regional Medical Center Eve 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
 09 / 30 / 2015
Transaction ID : 22735427

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Mary Elizabeth O'Brien

Mailing Address 17006 NE 30th Avenue

City State Zip Code
Ridgefield WA 98642-8028

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

Name of Employer Occupation
PeaceHealth 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
 09 / 30 / 2015
Transaction ID : 22735428

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)..... ▶