PAGE 1 / 25

Image# 201602169008471681

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An A	uthorized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
American Hospital Ass	ociation PAC			
ADDRESS (number and street)	800 Tenth Street, NW			
Check if different	Two CityCenter, Suite 40	00		
than previously reported. (ACC)	Washington		DC L	20001-4956
2. FEC IDENTIFICATION NU	MBER ▼	CITY	STATE ▲	ZIP CODE 🛦
C C00106146	3.	IS THIS REPORT X NEV (N)	OR AME	NDED
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 20 (M6) Sep 20	Year Only)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q		Apr 20 (M4) Jul 2	20 (M7) Oct 20	Jan 31 (YE)
July 15 Quarterly Report (Q	(c) 12-Day	Primary (12P)	General (1	2G) Runoff (12R)
October 15 Quarterly Report (Q:	Report for the	: Convention (120) Special (12	2S)
January 31 Year-End Report (YI	FILE	ction on	D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	` '	Runoff (30	R) Special (30S)
Termination Report (TER)		ction on	D / Y Y Y Y Y	in the State of
5. Covering Period 01	01 201	6 through	01 31	2016
I certify that I have examined thi	s Report and to the best	of my knowledge and belie	ef it is true, correct and	complete.
Type or Print Name of Treasurer	Ms. Melinda Hatton			
Signature of Treasurer Ms. M	elinda Hatton	[Electronically Fil	ed] Date 02	16 / 2016
NOTE: Submission of false, errone	ous, or incomplete informa	ation may subject the person	signing this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

	OF R FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE ECEIPTS AND DISBURSEMENTS	Page 2
	Vrite or Type Committee Name		
-	American Hospital Association PAC		
R	Report Covering the Period: From: 01	01 2016	To: 01 / 31 / 2016
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		3140767.55
	(b) Cash on Hand at Beginning of Reporting Period	3140767.55	
	(c) Total Receipts (from Line 19)	29269.08	29269.08
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3170036.63	3170036.63
7.	Total Disbursements (from Line 31)	55248.41	55248.41
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3114788.22	3114788.22
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
×	This committee has qualified as a multicandida	ate committee. (see FEC FORM 1M)	
	For	further information contact:	
	Fe	ederal Election Commission	

999 E Street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	18087.50	18087.50
(ii) Heitaminad	404.4.22	4914.23
(ii) Unitemized(iii) TOTAL (add	4914.23	4314.23
Lines 11(a)(i) and (ii)▶	23001.73	23001.73
2		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	5000.00	
(such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	28001.73	28001.73
Totals to Line 33, page 5)	20001.70	
Party Committees	1000.00	1000.00
Tury Committees	1000.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	,	,
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
Other Federal Receipts	207.25	267.25
(Dividends, Interest, etc.)	267.35	267.35
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(, , , , ,
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i dinde (iieiii eeneddie iie)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	29269.08	29269.08
. Total Federal Receipts	22222.22	00000
(subtract Line 18(c) from Line 19)▶	29269.08	29269.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tills I Gliou	Calcilual Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(i) N 5 1 10	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	748.41	748.41
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	748.41	748.41
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	54500.00	54500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(455 55) 554 5		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(30011 03 17/03)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
F		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	7	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	55248.41	55248.41
Total Fadaval Diah sasasata		
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	55248.41	55248.41
110111 EIIIG 01)	002-1011	352-10.41

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)	28001.73	28001.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28001.73	28001.73
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	748.41	748.41
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	748.41	748.41

FOR LINE NUMBER: PAGE 6 OF 25

5	Use separate schedule(s) for each category of the Detailed Summary Page	_	ck only 11a 13				11c		12 16		17
son Deports and Statements may not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC	
Full Name (Last, First, Middle Initial) Mr. Jon C Skinner Mailing Address 3500 Gaston Avenue		Date of Receipt
Cit.	Otata 7in Octo	01 26 2016
City Dallas	State Zip Code TX 75246-2017	Transaction ID : 22945984
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Baylor Institute for Rehabilitation	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Rachel Behrendt Mailing Address B o B assa	·	Date of Receipt
Mailing Address P O Box 2989		01 26 2016
City	State Zip Code	Transaction ID : 22945986
Phoenix	AZ 85062-2989	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Banner - University Medical Center Pho	Occupation Chief Nursing Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Richard Allen D.O.	ı	Date of Receipt
Mailing Address 807 N. Grand Ave		01 19 2016
City	State Zip Code OK 74447-2715	Transaction ID: 22946788
Okmulgee	OK 74447-2715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Wagoner Community Hospital	Vice-Chairman, Board of Trustees	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		1100.00
TOTAL This Period (last page this line num	nber only)	

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

г	UH	LINE	INO	MBER	PAGE	-	1	OF	25
(0	che	ck only	or	ıe)					
	X	11a		11b	11c		12	2	
		13		14	15		16	6	17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Mr. Jim Daniel Mailing Address 101 N. Broadway		Date of Receipt
City Oklahoma City FEC ID number of contributing	State Zip Code OK 73102-8405	O1 19 2016 Transaction ID: 22946790 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer INTEGRIS Health Receipt For: □ Primary □ General Other (specify) ▼	Occupation Trustee Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Justin Palmer Mailing Address 1250 Eye Street, NW Suite 700 City	State Zip Code	Date of Receipt 01 06 2016 Transaction ID: 22946888
Washington FEC ID number of contributing federal political committee.	DC 20005-5928	Amount of Each Receipt this Period 500.00
Name of Employer District of Columbia Hospital Associat Receipt For: Primary General Other (specify) ▼	Occupation Director of Government Relations Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Jacqueline B. Werts Mailing Address 1052 Cherry Flats Rd	1	Date of Receipt 01 05 2016
City Wellsboro FEC ID number of contributing federal political committee.	State Zip Code PA 16901-8368	Transaction ID : 22946891 Amount of Each Receipt this Period 350.00
Name of Employer Soldiers and Sailors Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Director of Nursing Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 13 14 15 16 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) Ms. Christine A Baratta Date of Receipt Mailing Address Five New England Executive Park 2016 25 City Zip Code State Transaction ID: 22946893 MA Burlington 01803-5010 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Massachusetts Hospital Association Senior VP, Marketing and Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael E. Sroczynski Esq. Date of Receipt Mailing Address 681 East 5th Street 01 25 2016 City State Zip Code Transaction ID: 22946894 MA **Boston** 02127-3201 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Massachusetts Hospital Association Vice President, Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Patrick L Muldoon FACHE Date of Receipt Mailing Address 119 Belmont Street 01 25 2016 City State Zip Code Transaction ID: 22946895 MA Worcester 01605-2903 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 С federal political committee. Name of Employer Occupation President **UMass Memorial Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 1762.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 9 OF 25 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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) Mr Steven Defossez Date of Receipt Mailing Address 32 Sunrise Rd 2016 25 City Zip Code State Transaction ID: 22946896 Boxford MA 01921-2337 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Massachusetts Hospital Association V.P., Clinical Intergration Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Timothy F. Gens Date of Receipt Mailing Address 5 New England Executive Park 01 25 2016 City State Zip Code Transaction ID: 22946897 MA Burlington 01803-5010 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 federal political committee. Name of Employer Occupation Massachusetts Hospital Association **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Peter J Holden Date of Receipt Mailing Address 275 Sandwich Street 01 25 2016 City Zip Code State Transaction ID: 22946899 MA Plymouth 02360-2183 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Beth Israel Deaconess Hospital Plymout Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 2800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial) Ms. Lynn B Nicholas FACHE Mailing Address 5 New England Executive P City Burlington FEC ID number of contributing federal political committee. Name of Employer Massachusetts Hospital Association Receipt For: Primary General Other (specify)	State Zip Code MA 01803-5010 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1300.00	Date of Receipt 01 25 2016 Transaction ID: 22946900 Amount of Each Receipt this Period 1300.00
Full Name (Last, First, Middle Initial) Ms. Kate Walsh MPH Mailing Address 1 Boston Medical Center Pla City Boston FEC ID number of contributing federal political committee. Name of Employer Boston Medical Center Receipt For: Primary General Other (specify)	State Zip Code MA 02118-2908 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1300.00	Date of Receipt O1 25 2016 Transaction ID: 22946901 Amount of Each Receipt this Period 1300.00
Full Name (Last, First, Middle Initial) Mr. Keith A Hovan Mailing Address 363 Highland Avenue City Fall River FEC ID number of contributing federal political committee. Name of Employer Southcoast Hospitals Group Receipt For: Primary General Other (specify)	State Zip Code MA 02720-3703 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1125.00	Date of Receipt O1 25 2016 Transaction ID : 22946902 Amount of Each Receipt this Period 1125.00
SUBTOTAL of Receipts This Page (optional)	>	3725.00
TOTAL This Period (last page this line number	er only)	

Name of Employer

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE I	NUMBER:	PAGE	E 11 O	F 2
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou cummuny r ugo	13	14	15	16	—

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) Dr. Mark A. Keroack MD, MPH Date of Receipt Mailing Address 759 Chestnut Street 25 2016 City State Zip Code Transaction ID: 22946903 01199-1001 MA Springfield Amount of Each Receipt this Period FEC ID number of contributing C 1125.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Baystate Health, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas P. Nickels Date of Receipt Mailing Address 800 10th Street NW Two CityCenter, Suite 400 01 80 2016 City State Zip Code Transaction ID: 22950505 Washington DC 20001-5188 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee.

American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼	Vice President Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Peter S Fine FACHE Mailing Address P O Box 25489 City Phoenix FEC ID number of contributing federal political committee. Name of Employer Banner Health Receipt For: Primary Other (specify) Other (specify)	State Zip Code AZ 85002-5489 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	Date of Receipt 01 28 2016 Transaction ID: 22975467 Amount of Each Receipt this Period 500.00
		2625.00

Occupation

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

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

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 14 13 15 16 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) Mr. Louis J Woolf Date of Receipt Mailing Address 1200 Centre Street 2016 29 City Zip Code State Transaction ID: 22975607 **Boston** MA 02131-1011 Amount of Each Receipt this Period FEC ID number of contributing 562.50 federal political committee. Name of Employer Occupation Hebrew Rehabilitation Center President Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Amanda Stefancyk Date of Receipt Mailing Address 60 Dix St. #3 01 29 2016 City State Zip Code Transaction ID: 22975608 MA Dorchester 02122-1247 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Massachusetts General Hospital Chief Executive Nurse Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Patricia Noga Date of Receipt Mailing Address 325 Oak Street 01 29 2016 City Zip Code State Transaction ID: 22975609 MA Marshfield 02050-6226 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Senior Director of Clinical Affairs Massachusetts Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1087.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	I Statements may not be sold or used by any petthe name and address of any political committee	
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial) Ms. Jeanette G Clough Mailing Address 330 Mount Auburn Street		Date of Receipt
City Cambridge	State Zip Code MA 02138-5502	O1 29 2016 Transaction ID : 22975610 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1125.00
Name of Employer Mount Auburn Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Mr. Joseph White Mailing Address 10 Lakeside Terrace		Date of Receipt 01 29 2016
City Westford	State Zip Code MA 01886-1392	Transaction ID : 22975611 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Lowell General Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) C. Ms. Michelle B Davis RN		Date of Receipt
Mailing Address 295 Varnum Avenue	7.0.4	01 29 2016
City Lowell	State Zip Code MA 01854-2134	Transaction ID : 22975612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	262.50
Name of Employer	Occupation	
Lowell General Hospital Receipt For:	Manager, Community Health & Education	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
SUBTOTAL of Receipts This Page (optional).		2137.50
TOTAL This Period (last page this line number	er only)	

Harana and a sala dada (a)		LINE			:	PAGE	1	4	OF	25
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	×	11a		11b		11c		12		
, 0		13		14		15		16		17

		atements may not be sold or used by any personame and address of any political committee to	
\	DF COMMITTEE (In Full) ican Hospital Association F	PAC	
Mr. Ro	ne (Last, First, Middle Initial) bbert A Gundersen Address 909 Sumner Street, 1st Floor		Date of Receipt
federal p	on number of contributing political committee. f Employer	State Zip Code MA 02072-3396 C Occupation	01 29 2016 Transaction ID: 22975613 Amount of Each Receipt this Period 750.00
Receipt Pri	Hospital Northeast-Stoughton For: imary	Market Chief Executive Officer Aggregate Year-to-Date ▼ 750.00	
3. <u>Mr. Ri</u>	ne (Last, First, Middle Initial) Ichard J. Umbdenstock Address 800 10th Street, NW Two CityCenter, Suite 400	State Zip Code DC 20001-5188	Date of Receipt 01 31 2016 Transaction ID : 3281328
FEC ID federal p	number of contributing political committee. f Employer n Hospital Association-Washingt	Occupation President and Chief Executive Officer	Amount of Each Receipt this Period 1000.00
	For: imary General ther (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Nam	ne (Last, First, Middle Initial)		Date of Receipt
Mailing A	Address	State Zip Code	Amount of Each Receipt this Period
federal p	number of contributing political committee.	C	
Receipt	f Employer For: imary	Aggregate Year-to-Date ▼	
SURTOTA	J. of Receints This Page (antional)		1750.00
		only)	18087.50

S 17

S	CHEDULE A (FEC Form 3X)				OR LIN			R: PAG	E 15 (OF 25
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(0	heck or	nly o	ne)			
•			Detailed Summary Page		11a		11b	X 11c	12	
	ny information copied from such Reports and St									
or	for commercial purposes, other than using the	name and a	address of any political committee	to :	SOIICIT C	ontri	butions	from suci	n commi	itee.
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC								
Α.	Full Name (Last, First, Middle Initial) TENET Healthcare Corporation Federa	al PAC			Date	of R	eceipt			
	Mailing Address 1445 Ross Avenue				M	M	/ D	D / Y	Y Y	Y
	Suite 1400 City	State	Zip Code	_	01	4	2		2016	
	Dallas	TX	75202					: 2294691 Receipt th		1
	FEC ID number of contributing federal political committee.	C co	0119354		Amou	TIL OI	Lacii	neceipt ti		0.00
	Name of Employer	Occupation	1							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		5000.00							
— В.	Full Name (Last, First, Middle Initial)				Date	of R	eceipt			
	Mailing Address				M	M	/	D / Y	YYY	Y
	City	State	Zip Code							
					Amou	nt of	Each	Receipt th	is Period	d
	FEC ID number of contributing federal political committee.	С					7			
	Name of Employer	Occupation	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
_	Full Name (Last, First, Middle Initial)		,	+						
C.	Tuli Name (Last, First, Middle Hittal)				Date	of R	eceipt			
	Mailing Address				M =	М	/ D	D / Y	YYY	Y
	City	State	Zip Code	}	Amou	nt of	Each	Receipt th	is Period	d
	FEC ID number of contributing federal political committee.	С					7			
	Name of Employer	Occupation	1	\exists						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)						7		5000	0.00

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

5000.00

S 17

SI	CHEDULE A (FEC Form 3X)			L		NIT N	IUMBEF). DA	GE 1	16 0	F 25
			Use separate schedule(s)		check			ı. [FA	IGL I	10 0	1 23
Ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page	[11	а	11b	11c	X	12	
_					13	3	14	15		16	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	American Hospital Association P	PAC									
Α.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federa	al PAC			Date	e of F	Receipt				
	Mailing Address 5510 Research Park Drive				M	M	/ D	D /	Y = Y	Y	Υ
	PO Box 259038	State	Zip Code	_)1	28			016	
	City Madison	WI	53725-9038					: 22975		Doriod	
	FEC ID number of contributing federal political committee.		0422881		Amo	ourit c	or Each	Receipt	this P	1000	
	Name of Employer	Occupation	1								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	Aggregate		П							
	Other (specify) ▼		1000.00								
_	Full Name (Last, First, Middle Initial)										
В.	ruli Name (Last, First, Middle Illitial)				Date	e of F	Receipt				
	Mailing Address				M	= M	/ D	D /	Y Y	Y	Υ
	City	State	Zip Code	-	Ш	-				_	
	City	Otato	Zip oddo		Amo	ount c	of Fach	Receipt	this P	Period	
	FEC ID number of contributing				7 (11)	June C	Laon	Поостра		01100	
	federal political committee.	C			L	_	7				
	Name of Employer	Occupation	1								
	Receipt For:										
	Primary General	Aggregate	Year-to-Date ▼	.							
	Other (specify) ▼		A A A								
_	Full Name (Last, First, Middle Initial)				_						
C.	Mailing Address			\dashv			Receipt				
	Mailing Address				M	М	/ D	D /	Y Y	Y	Y
	City	State	Zip Code	_	Amo	ount o	of Fach	Receipt	this P	Period	
	FEC ID number of contributing	С						. 1000.pt			
	federal political committee.				Н		7	7			
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼	\exists							
	Primary General										
	Other (specify) ▼										
Г					+	_	-	-	_	_	_
s	SUBTOTAL of Receipts This Page (optional)		······		L		7			1000	.00

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

1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 25 (check only one)
or for commercial purposes, other than using the	Statements may not be sold or used by any	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) TD Bank Mailing Address 901 Seventh Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code DC 20001 C Occupation Aggregate Year-to-Date ▼	Date of Receipt 101 29 2016 Transaction ID: 22992005 Amount of Each Receipt this Period 267.35
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		267.35

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

267.35

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 18 OF 25				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full) American Hospital Association PAG	· ·		SOME COMMINATIONS	nioni suon committee.				
Full Name (Last, First, Middle Initial)			Date of Disburse	umant				
A. Newtek Merchant Solutions								
Mailing Address 744 N 4th Street			01 04 2016					
City Milwaukee	State Zip Code WI 53203		Transaction ID	: 22992009				
Purpose of Disbursement Merchant Fees	60200	001	Amount of Each	Disbursement this Period				
Candidate Name		Category/	Amount of Each					
		Type		407.50				
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		Merchant Fees					
State: District:								
Full Name (Last, First, Middle Initial) B.			Date of Disburse	ement				
Mailing Address			M = M / D =	D / Y Y Y Y				
City	State Zip Code							
Purpose of Disbursement			Amount of Fact	Dichurcoment this Borist				
Candidate Name	me			Disbursement this Period				
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	Туре						
State: District: Full Name (Last, First, Middle Initial)								
C.			Date of Disburse					
Mailing Address				_				
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type		Disbursement this Period				
Office Sought: House Disburser	ment For: Primary General Other (specify) ▼	,,						
				407.50				
SUBTOTAL of Disbursements This Page (optional)		······						
TOTAL This Period (last page this line number only)				407.50				

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 19 OF 25	_
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		
	for each category of the Detailed Summary Page	21b	22 🗶 23 🗌 24 📗 25 🔲 26	
		27	28a 28b 28c 29 30)b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Hospital Association PA	C			
Full Name (Last, First, Middle Initial)				_
A. Wyden For Senate			Date of Disbursement	
Mailing Address 232 Ne 9th Avenue			01 04 2016	
City	State Zip Code		Transaction ID - 2222222	
Portland	OR 97232		Transaction ID: 22890879	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	ſ
Sen. Ron Wyden		Type	1000.00	
Senate President	ment For: 2016 Primary General Other (specify)		Contribution	
State: OR District:				
Full Name (Last, First, Middle Initial)				
B. People For Derek Kilmer			Date of Disbursement	
Mailing Address PO Box 1381			01 04 2016	
City Tacoma	State Zip Code WA 98402		Transaction ID: 22890880	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1500.00	
Rep. Derek Kilmer		Type	1500.00	
	Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				
C. Texans For Lamar Smith			Date of Disbursement	
Mailing Address PO Box 6155			01 15 2016	
City San Antonio	State Zip Code TX 78209		Transaction ID : 22934891	
Purpose of Disbursement Contribution	70209	244		
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. Lamar S. Smith		Category/ Type	1000.00	
	ement For: 2016	Туре		
Senate President State: TX District: 21	Primary General Other (specify) ▼		Contribution	
				ī
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	3500.00	
TOTAL This Period (last page this line number only	r)			

SCHEDULE B (FEC Form 3X)	Llea caparata cabadular	/a\ I	NE NUMBER: PAGE 20 OF			
ITEMIZED DISBURSEMENTS	Use separate scheduler for each category of the		one) 22 🔀 23 24 25	□ 26		
	Detailed Summary Page	e 27	28a 28b 28c 29	30b		
Any information copied from such Reports and State	ments may not be sold or	used by any person	on for the purpose of soliciting contribu	utions		
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Hospital Association PA	С					
/ Full Name (Last, First, Middle Initial)						
A. CASS PAC (Continuing America's	Strongth & Socuri	ity DAC)	Date of Disbursement			
CASS PAC (Continuing America's	Sirengin & Securi	ity PAC)	M M / P P / Y Y Y	V		
Mailing Address 3482 Drusilla Lane - Suite #1			01 15 2016			
-						
City Baton Rouge	State Zip Code LA 70809		Transaction ID: 22934892			
Purpose of Disbursement	LA 70009					
2016 Contribution		011	Amount of Each Disbursement this	Period		
Candidate Name		Category/	500			
CASS PAC (Continuing America's Stren	• • •	Type	500	0.00		
	ment For:					
Senate President	Primary General Other (specify)	l	2016 Contribution			
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. Ted Lieu For Congress			Date of Disbursement			
			M M / D D / Y Y Y	Υ		
Mailing Address 6380 Wilshire Blvd #1612			01 15 2016			
City	State Zip Code					
Los Angeles	CA 90048		Transaction ID: 22934893			
Purpose of Disbursement						
Contribution		011	Amount of Each Disbursement this	Period		
Candidate Name Ted Lieu		Category/	250	0.00		
	ment For: 2016	Type				
	Primary General	ı	Contribution			
President	Other (specify) ▼		Commission			
State: CA District: 33						
Full Name (Last, First, Middle Initial)						
C. Jobs, Opportunity & Education, PA	AC (JOEPAC)		Date of Disbursement			
Mailing Address 84-54 Grand Avenue			01 15 2016	Y		
maining y tashees 64 64 Grand / Worldo				_		
City	State Zip Code		Transaction ID: 22934894			
Elmhurst Purpose of Disbursement	NY 11373					
Fulbose of Dispulsement						
2016 Contribution		011	Amount of Each Dishurasment this	Dariad		
2016 Contribution Candidate Name		011	Amount of Each Disbursement this	Period		
2016 Contribution	AC (JOEPAC)	011 Category/ Type		Period 0.00		
2016 Contribution Candidate Name Jobs, Opportunity & Education, P.	ment For:	Category/				
2016 Contribution Candidate Name Jobs, Opportunity & Education, Particle Sought: House Senate Disburse	ment For: Primary General	Category/ Type				
2016 Contribution Candidate Name Jobs, Opportunity & Education, Paragraphy of the Sought: House	ment For:	Category/ Type	250			
2016 Contribution Candidate Name Jobs, Opportunity & Education, Particle Sought: House Senate Disburse	ment For: Primary General	Category/ Type	250			
2016 Contribution Candidate Name Jobs, Opportunity & Education, Particle Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼	Category/ Type	250	0.00		
2016 Contribution Candidate Name Jobs, Opportunity & Education, Paragraphy of the Sought: House	ment For: Primary General Other (specify) ▼	Category/ Type	250 2016 Contribution	0.00		

	CHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)	te schedule(s) FOR LINE NUMBER: PAGE 21 OF (check only one)					OF 25
Ш	EMIZED DISBURSEMENTS	for each	category of the Summary Page	21b		X 23	24	25	26
		Detailed	Juninary 1 age	27	28a	28b	28c	29	30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam								
<u>\</u>	NAME OF COMMITTEE (In Full)	o ana aac	ness of any pointer		7 3011011 0011	unbullorio i	10111 0001	001111111	100.
	American Hospital Association PAC								
_	·								
٨	Full Name (Last, First, Middle Initial)				Doto of	Disbursem	ont		
Α.	Blum For Congress				M M			YY	V
	Mailing Address 2728 Asbury Road Suite 400				01	21		2016	
	City	State	Zip Code		_				
	Dubuque	IA	52001		Transa	action ID :	22934890	5	
	Purpose of Disbursement Contribution			011	Amount	of Each D	iehuream	ant this	Pariod
	Candidate Name				Amount	or Edon B	1000100111	one uno	Tenod
	Rep. Rod Blum			Category/ Type				400	0.00
	Office Sought: House Disbursem	nent For:	2016						
		Primary	General		Contribut	tion			
	State: IA District: 01	Other (spe	ecity) 🔻						
	Full Name (Last, First, Middle Initial)								
В.	Blum For Congress				Date of	Disbursem	ent		
	N. W. A.I.				M = M	/ D D	/ Y	2240	Υ
	Mailing Address 2728 Asbury Road Suite 400				01	21		2016	
	City	State	Zip Code		Transa	action ID :	2293489	7	
	Dubuque	IA	52001						
	Dubuque Purpose of Disbursement	IA	52001						
	Purpose of Disbursement Contribution	IA	52001	011	Amount	of Each D	isbursem	ent this	Period
	Purpose of Disbursement Contribution Candidate Name	IA	52001	Category/	Amount	of Each D	isbursem		Period
	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum				Amount	of Each D	isbursem		
	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Disbursem		2016	Category/		,	isbursem		
	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Disbursement Senate Disbursement Senate Disbursement Disbursement	nent For:	2016 General	Category/	Amount	,	isbursem		
	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01	nent For: Primary	2016 General	Category/		,	isbursem		
_	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial)	nent For: Primary	2016 General	Category/	Contribu	tion	7		
<u> </u>	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01	nent For: Primary	2016 General	Category/	Contribution Date of	tion Disbursem	ent	100	0.00
c .	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial)	nent For: Primary	2016 General	Category/	Contribu	tion	ent		0.00
<u> </u>	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361	nent For: Primary Other (spe	2016 ☐ General ecify) ▼	Category/	Contribution Date of 01	tion Disbursem	nent / Y	100 2016	0.00
c .	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City	nent For: Primary	2016 General	Category/	Contribution Date of 01	tion Disbursem	nent / Y	100 2016	0.00
С.	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City Malden Purpose of Disbursement	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code	Category/ Type	Contribution Date of 01	tion Disbursem	nent / Y	100 2016	0.00
c.	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City S Malden Purpose of Disbursement Contribution	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code	Category/ Type	Contribution Date of M M M M O1	tion Disbursem	ent / Y	100 2016	0.00
C .	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City S Malden Purpose of Disbursement Contribution Candidate Name	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code	Category/ Type 011 Category/	Contribution Date of M M M M O1	Disbursem / 21 action ID :	ent / Y	100 2016 3	0.00
C .	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City S Malden Purpose of Disbursement Contribution	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code 02148	Category/ Type	Contribution Date of M M M M O1	Disbursem / 21 action ID :	ent / Y	100 2016 3	0.00 Y
C.	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City Malden Purpose of Disbursement Contribution Candidate Name Rep. Katherine M Clark Office Sought: House Senate Disbursement Columnation Disbursement Contribution Candidate Name Rep. Katherine M Clark	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code 02148 2016 General	Category/ Type 011 Category/	Contribution Date of M M M M O1	Disbursem 21 action ID:	ent / Y	100 2016 3	0.00 Y
c.	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code 02148 2016 General	Category/ Type 011 Category/	Contribut Date of 01 Transa Amount	Disbursem 21 action ID:	ent / Y	100 2016 3	0.00 Y
C.	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City Malden Purpose of Disbursement Contribution Candidate Name Rep. Katherine M Clark Office Sought: House Senate Disbursement Columnation Disbursement Contribution Candidate Name Rep. Katherine M Clark	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code 02148 2016 General	Category/ Type 011 Category/	Contribut Date of 01 Transa Amount	Disbursem 21 action ID:	ent / Y	100 2016 3	0.00 Y
C.	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: House Senate President	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code 02148 2016 General ecify) ▼	Category/ Type 011 Category/ Type	Contribut Date of 01 Transa Amount	Disbursem 21 action ID:	ent / Y	100 2016 3	0.00 Y Period 0.00
C.	Purpose of Disbursement Contribution Candidate Name Rep. Rod Blum Office Sought: State: IA District: 01 Full Name (Last, First, Middle Initial) Katherine Clark For Congress Mailing Address PO Box 361 City Malden Purpose of Disbursement Contribution Candidate Name Rep. Katherine M Clark Office Sought: House Senate President State: MA District: 05	nent For: Primary Other (spe	2016 ☐ General ecify) ▼ Zip Code 02148 2016 General ecify) ▼	Category/ Type 011 Category/ Type	Contribut Date of 01 Transa Amount	Disbursem 21 action ID:	ent / Y	2016 3 ent this	0.00 Y Period 0.00

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 22 OF 25				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 28a 28b 28c 29	26 30b			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	, ,						
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Data of Diskumanust				
A. DelBene For Congress			Date of Disbursement	Y			
Mailing Address PO Box 487			01 21 2016				
•	State Zip Code		Transaction ID: 22934899				
Bothell Rurrage of Dishurgement	WA 98041		Transaction ib . 22334033				
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Pe	eriod			
Candidate Name		Category/	2000.	00			
Rep. Suzan DelBene		Туре	2000.1	.00			
	nent For: 2016 Primary General Other (specify)		Contribution				
State: WA District: 01							
Full Name (Last, First, Middle Initial)							
B. Ryan For Congress, Inc.			Date of Disbursement	V			
Mailing Address PO Box 1488			01 21 2016				
City S Janesville Purpose of Disbursement	State Zip Code WI 53547		Transaction ID : 22934900				
Contribution		011	Amount of Each Disbursement this Po	eriod			
Candidate Name		Category/	2500.	00			
Rep. Paul D. Ryan		Туре	2500.	.00			
Senate	nent For: 2016 Primary General Other (specify)		Contribution				
Full Name (Last, First, Middle Initial)			D				
C. Terri Sewell For Congress			Date of Disbursement				
Mailing Address P.O. Box 1964			01 21 2016	Y			
•	State Zip Code AL 35201		Transaction ID : 22934901				
Birmingham Purpose of Disbursement	AL 33201						
Contribution		011	Amount of Each Disbursement this Pe	eriod			
Candidate Name		Category/	1500.0	00			
Rep. Terri A. Sewell		Туре	1300.1	00			
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)		Contribution				
01				_			
SUBTOTAL of Disbursements This Page (optional)		·····•	6000.0	00			
TOTAL This Period (last page this line number only)							

	CHEDULE B (FEC Form 3X)	Use separate sche	edule(s)						_
111	EMIZED DISBURSEMENTS	for each category of Detailed Summary	of the	21b	22 X		24 2		
		23	9-	27	28a	28b 2	28c 2	9 30k)
	ly information copied from such Reports and Statem for commercial purposes, other than using the name								
\	NAME OF COMMITTEE (In Full)		, i						_
\rangle	American Hospital Association PAC								
_	Full Name (Last, First, Middle Initial)								_
	Prosperity Action Inc				Date of Dis	D D /	Y		
	Mailing Address 1006 Pendleton Street				01	21	2010	Ö	
	City	State Zip Cod	е		Transacti	on ID : 2293	34902		Ī
	Alexandria	VA 22314			Transaoti	011 10 . 2200	74002		
	Purpose of Disbursement 2016 Contribution			011	Amount of	Each Disbu	rsement th	nis Period	
	Candidate Name			Category/				000 00	
	Prosperity Action Inc			Type		,	5	00.00	
	President		neral		2016 Contril	bution			
	State: District:								_
В.	Full Name (Last, First, Middle Initial) Renee Ellmers For Congress Com	mittee			Date of Dis	sbursement	Y	Y Y	
	Mailing Address PO Box 99567				01	21	201	6	
	Raleigh	State Zip Cod NC 27624	e		Transacti	on ID : 229	34903		
			le	011				nis Period	
	Raleigh Purpose of Disbursement			011	Transacti Amount of			nis Period	
	Raleigh Purpose of Disbursement Contribution Candidate Name			Category/			rsement th	nis Period	
	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Disbursement	NC 27624 nent For: 2016				Each Disbu	rsement th		
	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02	NC 27624 nent For: 2016 Primary Ge		Category/	Amount of	Each Disbu	rsement th		
<u> </u>	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Disbursement	nent For: 2016 Primary Ge Other (specify)	neral	Category/	Amount of Contribution	Each Disbu	rsement th	8000.00	
C .	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial)	nent For: 2016 Primary Ge Other (specify)	neral	Category/	Amount of Contribution	Each Disbu	rsement th	8000.00 Y Y	
C .	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City	nent For: 2016 Primary Ge Other (specify) sional Campai	neral	Category/	Amount of Contribution Date of Dis	Each Disbu	rsement th	8000.00 Y Y	
С.	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City Staredo	nent For: 2016 Primary Ge Other (specify) sional Campai	neral	Category/	Amount of Contribution Date of Dis	Each Disbu	rsement th	8000.00 Y Y	
c .	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City Laredo Purpose of Disbursement Contribution	nent For: 2016 Primary Ge Other (specify) sional Campai	neral	Category/	Amount of Contribution Date of Dis	Each Disbu	y y 2016	9000.00 Y Y S	
C .	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City Suite 200 City Suite 200 City Suite 200 Candidate Name	nent For: 2016 Primary Ge Other (specify) sional Campai	neral ign	Category/ Type 011 Category/	Amount of Contribution Date of Dis M M M / O1 Transacti	Each Disbu	y y 2016 34904 rsement th	oooo.oo	_
c .	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City Suite 200 City Laredo Purpose of Disbursement Contribution Candidate Name Rep. Henry Cuellar	nent For: 2016 Primary Ge Other (specify) ▼ sional Campai State Zip Cod TX 78040	neral ign	Category/ Type	Amount of Contribution Date of Dis M M M / O1 Transacti	Each Disbu	y y 2016 34904 rsement th	9000.00 Y Y S	_
C.	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City Laredo Purpose of Disbursement Contribution Candidate Name Rep. Henry Cuellar Office Sought: House Senate President Disbursement Contribution Disbursement Contribution Candidate Name Rep. Henry Cuellar Office Sought: Name President	nent For: 2016 Primary Ge Other (specify) sional Campai State Zip Cod TX 78040	neral ign	Category/ Type 011 Category/	Amount of Contribution Date of Dis M M M / O1 Transacti	Each Disbu	y y 2016 34904 rsement th	oooo.oo	
C.	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City Suite 200 City Suite 200 City Suite 200 Candidate Name Rep. Henry Cuellar Office Sought: House Senate Disbursement Contribution Disbursement Contribution Candidate Name Rep. Henry Cuellar	nent For: 2016 Primary Ge Other (specify) sional Campai State Zip Cod TX 78040 Dent For: 2016 Primary Ge	neral ign	Category/ Type 011 Category/	Amount of Contribution Date of Dis M M M / O1 Transacti Amount of	Each Disbu	y y 2016 34904 rsement th	oooo.oo	_
	Raleigh Purpose of Disbursement Contribution Candidate Name Rep. Renee Ellmers RN Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congres Mailing Address 1519 Washington Street Suite 200 City Laredo Purpose of Disbursement Contribution Candidate Name Rep. Henry Cuellar Office Sought: House Senate President Disbursement Confice Sought: House Senate President	nent For: 2016 Primary Ge Other (specify) sional Campai State Zip Cod TX 78040 ment For: 2016 Primary Ge Other (specify) Ge Other (specify) Ge Other (specify)	neral e	Category/ Type 011 Category/ Type	Amount of Contribution Date of Dis M M M / O1 Transacti Amount of	Each Disbu	y y 2016 34904 rsement th	oooo.oo	_

SCHEDULE B (FEC Form 3X)	lla: :		FOR LINE NUMBER: PAGE 24 OF 25								
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)								
		Summary Page	21b 27	22 X 23 28b		24 28c					
Iny information copied from such Reports and Statem	l nents may n	not be sold or us	ed by any perso		purpose o	of soliciting	contrib	utions			
r for commercial purposes, other than using the nam											
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)											
Gene Green Congressional Campaign					Date of Disbursement						
Mailing Address PO Box 16128				01 21 2016							
,	State	Zip Code		Trans	action ID	: 2293490	5				
	TX	77222		ITALIS	action ib	. 2295490	J				
Purpose of Disbursement Contribution			011	Amount	of Each	Disbursem	ent this	Period			
Candidate Name			Category/				250	0.00			
Rep. Gene Green			Type		7	7	250	0.00			
Senate	nent For: 2 Primary Other (spec	General		Contribu	ution						
State: TX District: 29											
Full Name (Last, First, Middle Initial)				Data at	D:-1						
Friends Of Mike Lee Inc					Date of Disbursement O1 21 2016						
Mailing Address 10 West Broadway Suite 500											
Salt Lake City	State UT	Zip Code 84101		Trans	action ID	: 2293490	6				
Purpose of Disbursement Contribution			011	Amount	of Each	Disbursem	ent this	Period			
Candidate Name			Category/								
Sen. Mike Lee			Type		,	- 1	50	00.00			
X Senate	nent For: 2 Primary Other (spec	General		Contribu	ution						
Full Name (Last, First, Middle Initial)				Data at	D:-1						
C. National Republican Congressional Committee					Date of Disbursement						
Mailing Address 320 First Street, SE				01	2		2016	Y			
City	State	Zip Code		Tra==	action ID	. 2204070	<u> </u>				
Washington	DC	20003		irans	action ID	: 2294976	O				
Purpose of Disbursement 2016 Contribution			011	Amount	of Fach	Disbursem	ent this	Period			
Candidate Name			Category/								
National Republican Congressiona		ittee	Type				1500	0.00			
	nent For: Primary Other (spec	General ify) ▼		2016 Cd	ontribution						
District.				-			_	_			
SUBTOTAL of Disbursements This Page (optional)			·····				1800	0.00			
TOTAL This Period (less none this line number and the											
TOTAL This Period (last page this line number only).					1 (0) 1	1 (0)					

SCHEDULE B (FEC Form 3X)	Hoo concrete asked (-/-)	FOR LINE NUMBER: PAGE 25 OF 25						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(onlook only	,					
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30				
Any information copied from such Reports and Statem			on for the purpose					
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)			Date of Dist					
A. Ted Lieu For Congress	Date of Disbursement O1 31 2016							
Mailing Address 6380 Wilshire Blvd #1612								
	tate Zip Code		Transaction	D · 22002196				
· · · · g - · · ·	CA 90048		Transaction I	D . 44334100				
Purpose of Disbursement Void of 10/15 Check		011	Amount of Eacl	h Disbursement this Period				
Candidate Name		Category/		4000.00				
Ted Lieu		Type		-1000.00				
	nent For: 2016 Primary General		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	anak				
	Other (specify)		Void of 10/15 Ch	HECK				
State: CA District: 33	v							
Full Name (Last, First, Middle Initial)								
В.			Date of Disburs					
Mailing Address	M M / D	D / Y Y Y Y						
City	tate Zip Code							
Purpose of Disbursement	T							
			Amount of Eacl	h Disbursement this Period				
Candidate Name Category								
Office Sought: House Disbursem	ent For:	Туре						
	ent For: Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) C.			Date of Disburs	sement				
~.			sement					
Mailing Address			M / D					
City	tate Zip Code							
Purpose of Disbursement	1							
. a.pood or bioburdomont	Amount of East	h Disbursement this Period						
Candidate Name Category/			ount of Lac	2.000100110111 tillo 1 ellou				
0.50	. =	Type						
Office Sought: House Disbursem	nent For: Primary General							
	Other (specify)							
State: District:	(-ry) ∀							
SUBTOTAL of Disbursements This Page (optional)		······		-1000.00				
TOTAL This Poriod (last ness this line and the				54500.00				
TOTAL This Period (last page this line number only).				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				