

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.
American Hospital Association PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="3140767.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3140767.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29269.08"/>	<input type="text" value="29269.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3170036.63"/>	<input type="text" value="3170036.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55248.41"/>	<input type="text" value="55248.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3114788.22"/>	<input type="text" value="3114788.22"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

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).....	18087.50	18087.50
(ii) Unitemized	4914.23	4914.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23001.73	23001.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28001.73	28001.73
12. Transfers From Affiliated/Other Party Committees.....	1000.00	1000.00
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.).....	267.35	267.35
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))..... ▶	29269.08	29269.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29269.08	29269.08

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	748.41	748.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	748.41	748.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	54500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55248.41	55248.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55248.41	55248.41

DETAILED SUMMARY PAGE
of Disbursements

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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
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28001.73	28001.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	748.41	748.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	748.41	748.41

**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 25
(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. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 Gaston Avenue
 City Dallas State TX Zip Code 75246-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor Institute for Rehabilitation 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 Y Y
 01 / 26 / 2016
Transaction ID : 22945984
 Amount of Each Receipt this Period
 500.00

B. Dr Rachel Behrendt
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2989
 City Phoenix State AZ Zip Code 85062-2989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Banner - University Medical Center Pho Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016
Transaction ID : 22945986
 Amount of Each Receipt this Period
 350.00

C. Dr. Richard Allen D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 N. Grand Ave
 City Okmulgee State OK Zip Code 74447-2715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wagoner Community Hospital Occupation Vice-Chairman, Board of Trustees
 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
 01 / 19 / 2016
Transaction ID : 22946788
 Amount of Each Receipt this Period
 250.00

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 7 OF 25
(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

A. Mr. Jim Daniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 N. Broadway
 City Oklahoma City State OK Zip Code 73102-8405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTEGRIS Health Occupation Trustee
 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
 01 / 19 / 2016
Transaction ID : 22946790
 Amount of Each Receipt this Period
 250.00

B. Mr. Justin Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 Eye Street, NW Suite 700
 City Washington State DC Zip Code 20005-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District of Columbia Hospital Associat Occupation Director of Government Relations
 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
 01 / 06 / 2016
Transaction ID : 22946888
 Amount of Each Receipt this Period
 500.00

C. Ms. Jacqueline B. Werts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1052 Cherry Flats Rd
 City Wellsboro State PA Zip Code 16901-8368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soldiers and Sailors Memorial Hospital Occupation Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : 22946891
 Amount of Each Receipt this Period
 350.00

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 8 OF 25
(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

A. Ms. Christine A Baratta
 Full Name (Last, First, Middle Initial)
 Mailing Address Five New England Executive Park
 City Burlington State MA Zip Code 01803-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Senior VP, Marketing and Communication
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 22946893
 Amount of Each Receipt this Period
 262.50

B. Mr. Michael E. Sroczynski Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address 681 East 5th Street #2
 City Boston State MA Zip Code 02127-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 22946894
 Amount of Each Receipt this Period
 375.00

C. Mr. Patrick L Muldoon FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Belmont Street
 City Worcester State MA Zip Code 01605-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMass Memorial Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 22946895
 Amount of Each Receipt this Period
 1125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1762.50
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 9 OF 25
(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

A. Mr Steven Defossez
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Sunrise Rd
 City State Zip Code
 Boxford MA 01921-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Massachusetts Hospital Association V.P., Clinical Intergration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 22946896
 Amount of Each Receipt this Period
 375.00

B. Mr. Timothy F. Gens
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 New England Executive Park
 City State Zip Code
 Burlington MA 01803-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Massachusetts Hospital Association Executive Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 22946897
 Amount of Each Receipt this Period
 1300.00

C. Mr. Peter J Holden
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 Sandwich Street
 City State Zip Code
 Plymouth MA 02360-2183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beth Israel Deaconess Hospital Plymout President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 22946899
 Amount of Each Receipt this Period
 1125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00
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 10 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Ms. Lynn B Nicholas FACHE		Date of Receipt 01 / 25 / 2016 Transaction ID : 22946900
Mailing Address 5 New England Executive Park		Amount of Each Receipt this Period 1300.00
City Burlington	State MA	Zip Code 01803-5010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Massachusetts Hospital Association	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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Ms. Kate Walsh MPH		Date of Receipt 01 / 25 / 2016 Transaction ID : 22946901
Mailing Address 1 Boston Medical Center Place		Amount of Each Receipt this Period 1300.00
City Boston	State MA	Zip Code 02118-2908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Boston 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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Mr. Keith A Hovan		Date of Receipt 01 / 25 / 2016 Transaction ID : 22946902
Mailing Address 363 Highland Avenue		Amount of Each Receipt this Period 1125.00
City Fall River	State MA	Zip Code 02720-3703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1125.00
Name of Employer Southcoast Hospitals Group	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 ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional).....▶	3725.00
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 11 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Mark A. Keroack MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Chestnut Street
 City Springfield State MA Zip Code 01199-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Health, Inc. Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : 22946903
 Amount of Each Receipt this Period
 1125.00

B. Mr. Thomas P. Nickels
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016
Transaction ID : 22950505
 Amount of Each Receipt this Period
 1000.00

C. Mr. Peter S Fine FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 25489
 City Phoenix State AZ Zip Code 85002-5489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Banner Health 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
 01 / 28 / 2016
Transaction ID : 22975467
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Louis J Woolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Centre Street
 City Boston State MA Zip Code 02131-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hebrew Rehabilitation Center Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **562.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : 22975607
 Amount of Each Receipt this Period
562.50

B. Ms Amanda Stefanyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Dix St. #3
 City Dorchester State MA Zip Code 02122-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Chief Executive Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **262.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : 22975608
 Amount of Each Receipt this Period
262.50

C. Ms. Patricia Noga
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Oak Street
 City Marshfield State MA Zip Code 02050-6226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Senior Director of Clinical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **262.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : 22975609
 Amount of Each Receipt this Period
262.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Jeanette G Clough		Date of Receipt MM / DD / YYYY 01 / 29 / 2016 Transaction ID : 22975610
Mailing Address 330 Mount Auburn Street		Amount of Each Receipt this Period 1125.00
City Cambridge	State MA	Zip Code 02138-5502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1125.00
Name of Employer Mount Auburn 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 ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. Mr. Joseph White		Date of Receipt MM / DD / YYYY 01 / 29 / 2016 Transaction ID : 22975611
Mailing Address 10 Lakeside Terrace		Amount of Each Receipt this Period 750.00
City Westford	State MA	Zip Code 01886-1392
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Lowell General Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Ms. Michelle B Davis RN		Date of Receipt MM / DD / YYYY 01 / 29 / 2016 Transaction ID : 22975612
Mailing Address 295 Varnum Avenue		Amount of Each Receipt this Period 262.50
City Lowell	State MA	Zip Code 01854-2134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 262.50
Name of Employer Lowell General Hospital	Occupation Manager, Community Health & Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional).....▶	2137.50
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 14 OF 25
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert A Gundersen
Full Name (Last, First, Middle Initial)
Mailing Address 909 Sumner Street, 1st Floor
City Stoughton State MA Zip Code 02072-3396
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Hospital Northeast-Stoughton Occupation Market Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 29 / 2016
Transaction ID : 22975613
Amount of Each Receipt this Period 750.00

B. Mr. Richard J. Umbdenstock
Full Name (Last, First, Middle Initial)
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
City Washington State DC Zip Code 20001-5188
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2016
Transaction ID : 3281328
Amount of Each Receipt this Period 1000.00

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	18087.50

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

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

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TENET Healthcare Corporation Federal PAC

Mailing Address 1445 Ross Avenue
Suite 1400

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00119354

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 Y
01 / 27 / 2016
Transaction ID : 22946914

Amount of Each Receipt this Period
5000.00

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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 25
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2016
Transaction ID : 22975441

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

**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 25
(check only one)

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

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. TD Bank
Full Name (Last, First, Middle Initial)
Mailing Address 901 Seventh Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 267.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016
Transaction ID : 22992005
Amount of Each Receipt this Period
267.35
Interest Earned

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	267.35
TOTAL This Period (last page this line number only).....▶	267.35

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2016

Transaction ID : 22992009

Amount of Each Disbursement this Period

407.50

Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

407.50

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

407.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : 22890879

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Derek Kilmer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : 22890880

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Lamar Smith

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lamar S. Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : 22934891

Amount of Each Disbursement this Period

1000.00

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. CASS PAC (Continuing America's Strength & Security PAC)

Mailing Address 3482 Drusilla Lane - Suite #1

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement
2016 Contribution

011

Candidate Name
CASS PAC (Continuing America's Strength & Security PAC)

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : 22934892

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Contribution

011

Candidate Name
Ted Lieu

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General
 Other (specify) ▼
State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : 22934893

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Jobs, Opportunity & Education, PAC (JOEPAC)

Mailing Address 84-54 Grand Avenue

City State Zip Code
Elmhurst NY 11373

Purpose of Disbursement
2016 Contribution

011

Candidate Name
Jobs, Opportunity & Education, PAC (JOEPAC)

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : 22934894

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2016 Contribution

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Blum For Congress

Mailing Address 2728 Asbury Road Suite 400

City State Zip Code
Dubuque IA 52001

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Rod Blum

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : 22934896

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blum For Congress

Mailing Address 2728 Asbury Road Suite 400

City State Zip Code
Dubuque IA 52001

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Rod Blum

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : 22934897

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Mailing Address PO Box 361

City State Zip Code
Malden MA 02148

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Katherine M Clark

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : 22934898

Amount of Each Disbursement this Period

2000.00

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. DelBene For Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Suzan DelBene

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 22934899

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Paul D. Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 22934900

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Terri A. Sewell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 22934901

Amount of Each Disbursement this Period

1500.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Prosperity Action Inc

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

Candidate Name

Prosperity Action Inc

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 22934902

Amount of Each Disbursement this Period

5000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee Ellmers RN

Office Sought: House Senate President

State: NC District: 02

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 22934903

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
Contribution

Candidate Name

Rep. Henry Cuellar

Office Sought: House Senate President

State: TX District: 28

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : 22934904

Amount of Each Disbursement this Period

3000.00

Contribution

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gene Green

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2016

Transaction ID : 22934905

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mike Lee Inc

Mailing Address 10 West Broadway
Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mike Lee

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2016

Transaction ID : 22934906

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

Candidate Name

National Republican Congressional Committee

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2016

Transaction ID : 22949766

Amount of Each Disbursement this Period

15000.00

2016 Contribution

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

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

18000.00

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ted Lieu For Congress		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 6380 Wilshire Blvd #1612		Transaction ID : 22992186
City Los Angeles	State CA	
Purpose of Disbursement Void of 10/15 Check		Amount of Each Disbursement this Period -1000.00
Candidate Name Ted Lieu		Void of 10/15 Check
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 33	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶	-1000.00
TOTAL This Period (last page this line number only)..... ▶	54500.00