

**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 23 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James K Elrod FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 2600 Greenwood Road

City Shreveport State LA Zip Code 71130-2600

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013

Transaction ID : 21006083

Amount of Each Receipt this Period
 500.00

B. Dr. Venkat Banda MD
Full Name (Last, First, Middle Initial)

Mailing Address 17000 Medical Center Drive, 3rd Fl

City Baton Rouge State LA Zip Code 70816-3246

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

Name of Employer Promise Hospital of Baton Rouge - Ochs Occupation President Medical Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013

Transaction ID : 21006092

Amount of Each Receipt this Period
 500.00

C. Mr. Mark E Marley FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2009

City Natchitoches State LA Zip Code 71457-2009

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

Name of Employer Opelousas General Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013

Transaction ID : 21006093

Amount of Each Receipt this Period
 500.00

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