

**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 17 OF 97
	<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. John A Miller Jr FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Spring Back Way
 City Anderson State SC Zip Code 29621-2676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AnMed Health Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 20956116
 Amount of Each Receipt this Period
 750.00

B. Mr. Richard Kirk Toomey DHA, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 955 Ribaut Road
 City Beaufort State SC Zip Code 29902-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaufort Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 20956117
 Amount of Each Receipt this Period
 500.00

C. Mr. Philip A Clayton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 829
 City Conway State SC Zip Code 29528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Conway Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 20956118
 Amount of Each Receipt this Period
 250.00

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