

**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="2015"/>		<input type="text" value="1653206.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1697822.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="156302.60"/>	<input type="text" value="213444.41"/>
(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="1854125.46"/>	<input type="text" value="1866651.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92343.82"/>	<input type="text" value="104869.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1761781.64"/>	<input type="text" value="1761781.64"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

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

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).....	28367.50	30917.50
(ii) Unitemized	6802.19	11254.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35169.69	42172.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35169.69	42172.29
12. Transfers From Affiliated/Other Party Committees.....	121000.00	171000.00
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.).....	132.91	272.12
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))..... ▶	156302.60	213444.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	156302.60	213444.41

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
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	343.82	869.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	343.82	869.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92000.00	104000.00
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)) ..	92343.82	104869.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92343.82	104869.57

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)	35169.69	42172.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35169.69	42172.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	343.82	869.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	343.82	869.57

**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 40
(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. Dr. Diane W Twedell DNP, CENP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 1st Dr Nw
 City Austin State MN Zip Code 55912-2941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Health System in Austin Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 17 / 2015
Transaction ID : 22300686
 Amount of Each Receipt this Period 350.00

B. Mr. Michael T Rust
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 436629
 City Louisville State KY Zip Code 40253-6629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2015
Transaction ID : 22307522
 Amount of Each Receipt this Period 500.00

C. Ms. Mary J Ruyter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 North Highway
 City Jackson State MN Zip Code 56143-1093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Jackson Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2015
Transaction ID : 22307544
 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 40
(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. Dr. Rulon F Stacey PhD, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 Riverside Avenue
 City State Zip Code
 Minneapolis MN 55454-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fairview Health Services 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
 02 / 02 / 2015
Transaction ID : 22307545
 Amount of Each Receipt this Period
 250.00

B. Mr. Randy Ulseth
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 South Highway 65
 City State Zip Code
 Mora MN 55051-1899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FirstLight Health System 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
 02 / 02 / 2015
Transaction ID : 22307547
 Amount of Each Receipt this Period
 500.00

C. Mr. Jeff Dye
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 92200
 City State Zip Code
 Albuquerque NM 87199-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Mexico Hospital Association 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
 02 / 12 / 2015
Transaction ID : 22307549
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 40
	(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. Mr. Gary K Kajiwara
Full Name (Last, First, Middle Initial)
Mailing Address 347 North Kuakini Street

City Honolulu	State HI	Zip Code 96817-2382
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kuakini Medical Center	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
02	/	18	/	2015

Transaction ID : 22307554

Amount of Each Receipt this Period
500.00

B. Ms Loren Morey
Full Name (Last, First, Middle Initial)
Mailing Address 38503 30th Ave.

City Motley	State MN	Zip Code 56466-2006
----------------	-------------	------------------------

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

Name of Employer Lakewood Health System	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
02	/	18	/	2015

Transaction ID : 22307782

Amount of Each Receipt this Period
250.00

C. Mr. Kevin E Lofton FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 198 Inverness Drive West, Suite 80

City Englewood	State CO	Zip Code 80112-5202
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FEC ID number of contributing federal political committee. **C**

Name of Employer Catholic Health Initiatives	Occupation 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
02	/	18	/	2015

Transaction ID : 22307786

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 9 OF 40
(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. 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
 02 / 20 / 2015
Transaction ID : 22308206
 Amount of Each Receipt this Period
 375.00

B. Mr. Edward J Roth III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Sixth Street SW
 City Canton State OH Zip Code 44710-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aultman Hospital Occupation President and Chief Executive 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
 02 / 19 / 2015
Transaction ID : 22308368
 Amount of Each Receipt this Period
 350.00

C. Mr. Anthony Stanowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 595 Haddon Avenue
 City Collingswood State NJ Zip Code 08108-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Applied Medical Software, Inc. Occupation Vice President
 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
 02 / 27 / 2015
Transaction ID : 22314117
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00
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 40
	<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. Mr. Steven J Summer		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 Transaction ID : 22314121
Mailing Address 7335 East Orchard Rd, Ste 100		Amount of Each Receipt this Period 500.00
City Greenwood Village	State CO	Zip Code 80111-2512
FEC ID number of contributing federal political committee. C	Name of Employer Colorado 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Kathleen C. Poff		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 Transaction ID : 22314122
Mailing Address 5119 Coventry Way		Amount of Each Receipt this Period 375.00
City Jefferson City	State MO	Zip Code 65101-8284
FEC ID number of contributing federal political committee. C	Name of Employer Missouri Hospital Association	Occupation Senior Vice President & CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. Loren Hamel MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Transaction ID : 22314127
Mailing Address 1234 Napier Avenue		Amount of Each Receipt this Period 525.00
City Saint Joseph	State MI	Zip Code 49085-2112
FEC ID number of contributing federal political committee. C	Name of Employer Lakeland Healthcare	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 ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 11 OF 40
	<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. Dennis A Swan JD, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 East Michigan Avenue
 City State Zip Code
 Lansing MI 48912-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sparrow Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 22314128
 Amount of Each Receipt this Period
 525.00

B. Mr. Clark Ballard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Willoughby Road
 City State Zip Code
 Mason MI 48854-9435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michigan Health & Hospital Association Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 22314369
 Amount of Each Receipt this Period
 525.00

C. Mr. Robert F Casalou
 Full Name (Last, First, Middle Initial)
 Mailing Address 26462 Glenwood Dr.
 City State Zip Code
 Novi MI 48374-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Joseph Mercy Ann Arbor President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 22314370
 Amount of Each Receipt this Period
 700.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 40
	<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. Brian M Connolly
Full Name (Last, First, Middle Initial)

Mailing Address One Parklane Boulevard, Suite 1000

City Dearborn State MI Zip Code 48126-4241

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

Name of Employer Oakwood Healthcare, Inc. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22314371

Amount of Each Receipt this Period
525.00

B. Mr. Thomas D DeFauw FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Pine Grove Avenue

City Port Huron State MI Zip Code 48060-3511

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

Name of Employer McLaren Port Huron Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22314372

Amount of Each Receipt this Period
525.00

C. Mr Anthony Denton
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Newport Creek Drive

City Ann Arbor State MI Zip Code 48103-2206

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

Name of Employer University of Michigan Hospitals and H Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22314373

Amount of Each Receipt this Period
525.00

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
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 13 OF 40
	<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. David S. Finkbeiner
Full Name (Last, First, Middle Initial)

Mailing Address 85 Damon Road

City Haslett State MI Zip Code 48840-9747

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

Name of Employer Michigan Health & Hospital Association Occupation Senior Vice President, Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
02 / 20 / 2015
Transaction ID : 22315615

Amount of Each Receipt this Period
700.00

B. Mr. Dwight Gascho
Full Name (Last, First, Middle Initial)

Mailing Address 9325 Pt Charity Drive

City Pigeon State MI Zip Code 48755-9767

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

Name of Employer Scheurer Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
02 / 20 / 2015
Transaction ID : 22315616

Amount of Each Receipt this Period
262.50

C. Mr. Gary Henriksen
Full Name (Last, First, Middle Initial)

Mailing Address 350 Crosswind Drive

City Dimondale State MI Zip Code 48821-9795

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

Name of Employer Michigan Health & Hospital Association Occupation Chief Finance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
02 / 20 / 2015
Transaction ID : 22315617

Amount of Each Receipt this Period
525.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1487.50

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 14 OF 40
	<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. David B Jah
Full Name (Last, First, Middle Initial)

Mailing Address 3341 Lakeshore Drive

City Sault Sainte Marie State MI Zip Code 49783-1111

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

Name of Employer War Memorial Hospital Occupation President and Chief Executive 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
 02 / 20 / 2015
Transaction ID : 22315618

Amount of Each Receipt this Period
 350.00

B. Mr. Spencer C Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 2066 Riverwood Drive

City Okemos State MI Zip Code 48864-2814

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

Name of Employer Michigan Health & Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 22315619

Amount of Each Receipt this Period
 875.00

C. Mr. Timothy Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 6376 Pleasant River Drive

City Dimondale State MI Zip Code 48821-9739

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

Name of Employer Eaton Rapids Medical Center Occupation President and Chief Executive Officer

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
 02 / 20 / 2015
Transaction ID : 22315620

Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	1487.50
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 15 OF 40
	<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. Dr. Paul E LaCasse DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 Commerce Road
 City West Bloomfield State MI Zip Code 48324-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Botsford Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 22342632
 Amount of Each Receipt this Period
 525.00

B. Ms. Sheryl Lewis Blake FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 385
 City Hastings State MI Zip Code 49058-0385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennock Health Services Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 22342633
 Amount of Each Receipt this Period
 262.50

C. Ms. Marilyn Litka-Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16930 Pine Hollow Drive
 City East Lansing State MI Zip Code 48823-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Sr. Director, Health Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 22342634
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1137.50
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 16 OF 40
	<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. Ms Gwen Mackenzie
Full Name (Last, First, Middle Initial)

Mailing Address 5380 Woodland Estates Drive South

City Bloomfield Hills State MI Zip Code 48302-2875

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

Name of Employer St. John Providence Health System Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 20 / 2015
Transaction ID : 22342635

Amount of Each Receipt this Period 525.00

B. Mr. Chris J. Mitchell
Full Name (Last, First, Middle Initial)

Mailing Address 1262 Lake Side Drive

City East Lansing State MI Zip Code 48823-2427

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

Name of Employer Michigan Health & Hospital Association Occupation Manager, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 20 / 2015
Transaction ID : 22342636

Amount of Each Receipt this Period 525.00

C. Mr. Edwin Ness
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Sixth Street

City Traverse City State MI Zip Code 49684-2345

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

Name of Employer Munson Healthcare Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 02 / 20 / 2015
Transaction ID : 22342637

Amount of Each Receipt this Period 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1312.50

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 17 OF 40
	<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. Ms. Laura Peariso
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 721

City State Zip Code
Perry MI 48872-0721

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

Name of Employer Occupation
Michigan Health & Hospital Association Senior Director, Health Care Informati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015
Transaction ID : 22342666

Amount of Each Receipt this Period
262.50

B. Mr. Brian Peters
Full Name (Last, First, Middle Initial)

Mailing Address 3051 Crofton Dr.

City State Zip Code
Dewitt MI 48820-7770

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

Name of Employer Occupation
Michigan Health & Hospital Association Senior Corporate Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015
Transaction ID : 22342667

Amount of Each Receipt this Period
700.00

C. Ms. Annette S Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 718 North Macomb Street

City State Zip Code
Monroe MI 48162-7815

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

Name of Employer Occupation
ProMedica Monroe Regional Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015
Transaction ID : 22342668

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1312.50
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 18 OF 40
	<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

A. Mr. Subra Sripada
 Full Name (Last, First, Middle Initial)
 Mailing Address 17848 Briar Ridge
 City Northville State MI Zip Code 48168-6872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Hospital - Royal Oak Occupation Senior Vice President and Chief Inform
 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
 02 / 20 / 2015
Transaction ID : 22342669
 Amount of Each Receipt this Period
 262.50

B. Mr. Mark Vipperman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4293 W Hansen
 City Ludington State MI Zip Code 49431-9610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health Ludington Hospital Occupation President
 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
 02 / 20 / 2015
Transaction ID : 22342670
 Amount of Each Receipt this Period
 262.50

C. Ms. Mary K Moscato
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Andrews Road
 City Wakefield State MA Zip Code 01880-5135
 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 ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 22342720
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 19 OF 40
	<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. Dr. Kevin Tabb MD
Full Name (Last, First, Middle Initial)

Mailing Address 330 Brookline Avenue

City Boston State MA Zip Code 02215-5400

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

Name of Employer Beth Israel Deaconess Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 27 / 2015
Transaction ID : 22342721

Amount of Each Receipt this Period 750.00

B. Ms. Kate Walsh
Full Name (Last, First, Middle Initial)

Mailing Address One Boston Medical Ctr Place

City Boston State MA Zip Code 02118-2908

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

Name of Employer Boston Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 02 / 27 / 2015
Transaction ID : 22342722

Amount of Each Receipt this Period 1300.00

C. Mr. Robert G Norton
Full Name (Last, First, Middle Initial)

Mailing Address 81 Highland Avenue

City Salem State MA Zip Code 01970-2768

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

Name of Employer North Shore Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt 02 / 27 / 2015
Transaction ID : 22342723

Amount of Each Receipt this Period 562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 2612.50

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 20 OF 40
<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. Dr. Deeb Salem
Full Name (Last, First, Middle Initial)

Mailing Address New England Medical Center
750 Washington Street

City Boston State MA Zip Code 02111-1533

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

Name of Employer Tufts Medical Center Occupation Interim President & Chief Med Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
02 / 27 / 2015
Transaction ID : 22342724

Amount of Each Receipt this Period
750.00

B. Mr. John M Fogarty
Full Name (Last, First, Middle Initial)

Mailing Address 41 Alfred Drown Rd

City Barrington State RI Zip Code 02806-1805

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

Name of Employer Beth Israel Deaconess Hospital-Needham Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
02 / 27 / 2015
Transaction ID : 22342726

Amount of Each Receipt this Period
562.50

c. Ms. Jeanette G Clough
Full Name (Last, First, Middle Initial)

Mailing Address 330 Mount Auburn Street

City Cambridge State MA Zip Code 02138-5502

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

Name of Employer Mount Auburn Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
02 / 27 / 2015
Transaction ID : 22342727

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2062.50

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 21 OF 40
	<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. Robert A Gundersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Washington Street
 City Braintree State MA Zip Code 02184-8658
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 22342728
 Amount of Each Receipt this Period
 750.00

B. Mr. Leslie D Hirsch FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 MacKenzie Lane North
 City Denville State NJ Zip Code 07834-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Clare's Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 22342754
 Amount of Each Receipt this Period
 130.00

C. Mr. Richard P Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Bainbridge Street
 City Philadelphia State PA Zip Code 19147-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtua Health Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 22342761
 Amount of Each Receipt this Period
 1625.00

SUBTOTAL of Receipts This Page (optional).....▶	2505.00
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 22 OF 40
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kevin J Slavin FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Lafayette Street
 City Hackettstown State NJ Zip Code 07840-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph's Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 22342765
 Amount of Each Receipt this Period
 1300.00

B. Mr. Robert P Wise FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Canterbury Lane
 City Lebanon State NJ Zip Code 08833-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hunterdon Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 22342771
 Amount of Each Receipt this Period
 1300.00

C. Ms. Shelly Dunham RN
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 489
 City Okeene State OK Zip Code 73763-0489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Okeene Municipal Hospital Occupation 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
 02 / 17 / 2015
Transaction ID : 22342774
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00
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 23 OF 40
	<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

Full Name (Last, First, Middle Initial) A. Mr. Fred L Hipp Jr.		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Transaction ID : 22342803
Mailing Address 1011 Deacon Road		Amount of Each Receipt this Period 650.00
City Hainesport	State NJ	Zip Code 08036-3610
FEC ID number of contributing federal political committee.	C	
Name of Employer Virtua Health	Occupation Vice President Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Mr. Dominic S Moffa		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Transaction ID : 22342805
Mailing Address 6725 Delilah Road P.O. Box 1460		Amount of Each Receipt this Period 650.00
City Egg Harbor Township	State NJ	Zip Code 08234-9798
FEC ID number of contributing federal political committee.	C	
Name of Employer AtlantiCare	Occupation Executive Vice President Administratio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	28367.50

**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 24 OF 40
<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. Wisconsin Hospital Association Federal PAC
 Full Name (Last, First, Middle Initial)
 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
 02 / 13 / 2015
Transaction ID : 22307559
 Amount of Each Receipt this Period
 1000.00

B. New York Hospital & Healthcare Assoc. FED PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Empire Drive
 City Rensselaer State NY Zip Code 12144
 FEC ID number of contributing federal political committee. **C** C00160259
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 120000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015
Transaction ID : 22307562
 Amount of Each Receipt this Period
 120000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	121000.00
TOTAL This Period (last page this line number only).....▶	121000.00

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 25 OF 40
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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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 ▼ **272.12**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2015

Transaction ID : 22342614

Amount of Each Receipt this Period
132.91

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	132.91
TOTAL This Period (last page this line number only).....▶	132.91

**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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22343713

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22343715

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22343717

Amount of Each Disbursement this Period

Bank Fee

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

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. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Kelly Ayotte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294566

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Michael F. Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294567

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294568

Amount of Each Disbursement this Period

2000.00

Contribution

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

4000.00

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. Carper For Senate

Mailing Address PO Box 2882

City State Zip Code
Wilmington DE 19805

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Sen. Thomas R. Carper

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: DE District:

Date of Disbursement

/ /

Transaction ID : 22294569

Amount of Each Disbursement this Period

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Dan Coats For Indiana

Mailing Address PO Box 301141

City State Zip Code
Indianapolis IN 46230

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Sen. Dan Coats

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

Date of Disbursement

/ /

Transaction ID : 22294570

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Families For James Lankford

Mailing Address PO Box 1639

City State Zip Code
Bethany OK 73008

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. James Paul Lankford

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

Date of Disbursement

/ /

Transaction ID : 22294571

Amount of Each Disbursement this Period

Contribution

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

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. Friends Of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. John R. Thune

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

/ /

Transaction ID : 22294572

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jason Chaffetz

Mailing Address 315 Westfield Circle

City State Zip Code
Alpine UT 84004

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Jason E. Chaffetz

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

/ /

Transaction ID : 22294573

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. McHenry For Congress

Mailing Address PO Box 1406

City State Zip Code
Hickory NC 28603

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Patrick Timothy McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

/ /

Transaction ID : 22294574

Amount of Each Disbursement this Period

Contribution

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

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. Friends Of Joe Pitts

Mailing Address PO Box 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe R. Pitts

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294575

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City State Zip Code
Virginia Beach VA 23454

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott E. Rigell

Office Sought: House
 Senate
 President
State: VA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294576

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City State Zip Code
Hopkinsville KY 42241

Purpose of Disbursement
Contribution

Candidate Name

Rep. Edward Whitfield

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294577

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

4000.00

**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. CBC PAC: Congressional Black Caucus PAC

Mailing Address 509 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Contribution

011

Candidate Name

CBC PAC: Congressional Black Caucus PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294583

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Together Holding Our Majority (THOM PAC)

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Together Holding Our Majority (THOM PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294584

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Turquoise PAC

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Turquoise PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294585

Amount of Each Disbursement this Period

1000.00

2015 Contribution

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

3000.00

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)

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<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. Jenkins For Congress

Mailing Address PO Box 727

City State Zip Code
Huntington WV 25711

Purpose of Disbursement
Contribution

Candidate Name

Evan Jenkins

Office Sought: House
 Senate
 President
State: WV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 General Debt Re

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 22294586

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City State Zip Code
Wadsworth OH 44281

Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. Renacci

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2015

Transaction ID : 22294587

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Rush

Mailing Address P. O. Box 7292

City State Zip Code
Chicago IL 60680

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bobby Lee Rush

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 11 / 2015

Transaction ID : 22298330

Amount of Each Disbursement this Period
1000.00

Contribution

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

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

3000.00

**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. Mike Crapo For US Senate

Mailing Address P.O. Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mike Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2015

Transaction ID : 22298333

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 128 N. Columbus Street

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Freedom Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2015

Transaction ID : 22298334

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. George E.B. Holding

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 Primary Debt Re

State: NC District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : 22307928

Amount of Each Disbursement this Period

5000.00

Contribution

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

13000.00

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. Rick W. Allen For Congress

Mailing Address P. O. Box 338

City Augusta State GA Zip Code 30903

Purpose of Disbursement
Contribution

Candidate Name

Rick Allen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : 22308499

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : 22308503

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

Candidate Name

Rep. John A. Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : 22308504

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

4500.00

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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)

<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. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. John A. Boehner

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22308505

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr., M.D. For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22308506

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22308507

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

2500.00

**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. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 22308518

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Cole

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 22308527

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cramer For Congress

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contribution

011

Candidate Name

Kevin Cramer

Category/
Type

Office Sought: House
 Senate
 President
State: ND District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 22308528

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. Bill Flores For Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Flores

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22308532

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
Contribution

Candidate Name

Rep. Erik P. Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22308533

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Schiff For Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City State Zip Code
Los Angeles CA 90017

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adam B. Schiff

Office Sought: House
 Senate
 President
State: CA District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22308534

Amount of Each Disbursement this Period

Contribution

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

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. Westmoreland For Congress

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lynn A. Westmoreland

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 22308535

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

National Republican Congressional Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 22308538

Amount of Each Disbursement this Period

15000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. AMERIPAC: The Fund for a Greater America

Mailing Address 700 Thirteenth Street, NW
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 22308540

Amount of Each Disbursement this Period

2500.00

2015 Contribution

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

18500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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. The Freedom Project

Mailing Address 111 C Street SE
Lower Unit

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

011
Category/
Type

Candidate Name
The Freedom Project

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22308541

Amount of Each Disbursement this Period

2015 Contribution

Full Name (Last, First, Middle Initial)

B. LYNN PAC

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2015 Contribution

011
Category/
Type

Candidate Name
LYNN PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22308542

Amount of Each Disbursement this Period

2015 Contribution

Full Name (Last, First, Middle Initial)

C. PETEPAC: People for Enterprise Trade & Econ Growth

Mailing Address 3686 King Street
#146

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
2015 Contribution

011
Category/
Type

Candidate Name
PETEPAC: People for Enterprise Trade & Econ Growth

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22308543

Amount of Each Disbursement this Period

2015 Contribution

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

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. ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Mailing Address PO Box 1011

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
2015 Contribution

011

Candidate Name
ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22308544

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City State Zip Code
West Chester OH 45069

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. John A. Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 22308545

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Mailing Address P.O. Box 71584

City State Zip Code
Los Angeles CA 90071

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2015

Transaction ID : 22312864

Amount of Each Disbursement this Period

5000.00

Contribution

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

12000.00

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

92000.00