

**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 111
	<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. Ms. Maureen A Kahn RN

Mailing Address **PO BOX 7005**

City **Quincy** State **IL** Zip Code **62305-7005**

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

Name of Employer **Blessing 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
05 / 07 / 2014

Transaction ID : 21756115

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Michele Lippert RN, MS

Mailing Address **1754 Rowntree Ln**

City **Rockford** State **IL** Zip Code **61107-2759**

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

Name of Employer **Rockford Health Physicians** Occupation **Chief Operating 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
05 / 07 / 2014

Transaction ID : 21756116

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Harry Wolin

Mailing Address **P O Box 530**

City **Havana** State **IL** Zip Code **62644-0530**

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

Name of Employer **Mason District Hospital** Occupation **Administrator and Chief Executive Offi**

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
05 / 07 / 2014

Transaction ID : 21756119

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).....▶	