

**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 208 OF 299
	<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)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Sharon Spurgeon		Date of Receipt
Mailing Address 1191 Phelps Ave		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Coalinga	CA	93210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA13617
Name of Employer	Occupation	Amount of Each Receipt this Period
Coalinga Regional Medical Center	Chief Executive Officer	<input type="text" value="437.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1313.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Blenkinsopp		Date of Receipt
Mailing Address 5451 Walnut Ave		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chino	CA	91710
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA13619
Name of Employer	Occupation	Amount of Each Receipt this Period
Chino Valley Medical Center	Chief Nursing Officer/Risk Manager	<input type="text" value="150.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gail Freeman		Date of Receipt
Mailing Address 138 W. Las Tunas Drive		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Gabriel	CA	91776
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA13620
Name of Employer	Occupation	Amount of Each Receipt this Period
San Gabriel Valley Medical Center	Director	<input type="text" value="85.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="850.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="672.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>