

**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 8 OF 265
	<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)**

**A. C. Duane Dauner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 K Street, Suite 800

City Sacramento State CA Zip Code 95814

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

Name of Employer California Hospital Association Occupation President/CEO

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : INCA12818**

Amount of Each Receipt this Period  
 4000.00

**B. Diane Dauner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 K Street, Suite 800

City Sacramento State CA Zip Code 95814

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : INCA12816**

Amount of Each Receipt this Period  
 2000.00

**C. David Hu**  
Full Name (Last, First, Middle Initial)

Mailing Address 515 S Figueroa St

City Los Angeles State CA Zip Code 90071

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

Name of Employer Hospital Association of Southern Calif Occupation Controller

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : INCA12814**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	