

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		3960825.06
(b) Cash on Hand at Beginning of Reporting Period.....	4314840.65	
(c) Total Receipts (from Line 19)	172423.93	975366.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4487264.58	4936191.69
7. Total Disbursements (from Line 31).....	80920.29	529847.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4406344.29	4406344.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

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).....	80688.42	390887.40
(ii) Unitemized	25873.34	100899.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	106561.76	491787.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	106561.76	501787.33
12. Transfers From Affiliated/Other Party Committees.....	65500.00	470500.00
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	362.17	2079.30
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)).....▶	172423.93	975366.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	172423.93	975366.63

DETAILED SUMMARY PAGE
of Disbursements

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	420.29	3947.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	420.29	3947.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80500.00	525500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	400.00
(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	400.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	80920.29	529847.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80920.29	529847.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	106561.76	501787.33
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106561.76	501387.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	420.29	3947.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	420.29	3947.40

**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 6 OF 92
<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

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. Bill, Charles, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3260 Hospital Drive

City Juneau	State AK	Zip Code 99801-7808
----------------	-------------	------------------------

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

Name of Employer (for Individual) Bartlett Regional Hospital	Occupation (for Individual) 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		08		2018

Transaction ID : 24514292

Amount of Each Receipt this Period
500.00

Memo Item

B. Neumeister, Daniel, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Tongass Drive

City Sitka	State AK	Zip Code 99835-9416
---------------	-------------	------------------------

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

Name of Employer (for Individual) SEARHC MT. Edgcumbe Hospital	Occupation (for Individual) Senior Vice President and Chief Opera
---	--

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
06		08		2018

Transaction ID : 24514296

Amount of Each Receipt this Period
350.00

Memo Item

c. Taylor, Julie, , Ms., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 143889

City Anchorage	State AK	Zip Code 99514-3889
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Alaska Regional Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : 24514349

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 7 OF 92
<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

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. Lamoureux, Bruce, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 196604

City Anchorage	State AK	Zip Code 99519-6604
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Providence Alaska Medical Center	Occupation (for Individual) Vice President and Chief Executive Off
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2018

Transaction ID : 24514351

Amount of Each Receipt this Period
1000.00

Memo Item

B. Eicher, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Deputy Director, Government Relations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2018

Transaction ID : 24514461

Amount of Each Receipt this Period
40.08

Memo Item

C. Hirsch, Leslie, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Pocono Road

City Denville	State NJ	Zip Code 07834-2954
------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Peter's University Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2018

Transaction ID : 24514464

Amount of Each Receipt this Period
108.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1148.42
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 8 OF 92
	<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	

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. Lavins, David, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2018

Transaction ID : 24514466

Amount of Each Receipt this Period
40.09

Memo Item

B. Eicher, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Deputy Director, Government Relations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24514485

Amount of Each Receipt this Period
6.50

Memo Item

C. Guerriero, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
203.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24514487

Amount of Each Receipt this Period
5.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.44
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 92
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Keough, Timothy, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Nelson Drive

City Barnegat	State NJ	Zip Code 08005-2174
------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President, Health Information Mgr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24514489

Amount of Each Receipt this Period

6.85

 Memo Item

B. Lavins, David, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24514490

Amount of Each Receipt this Period

6.50

 Memo Item

C. Ostrem, Jill, C., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1099 White Horse Road

City Voorhees	State NJ	Zip Code 08043-4405
------------------	-------------	------------------------

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

Name of Employer (for Individual) Jefferson Health (New Jersey Division)	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24514494

Amount of Each Receipt this Period

325.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	337.35
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 92
<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

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. Davis, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Hospital Place

City Soldotna	State AK	Zip Code 99669-7559
------------------	-------------	------------------------

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

Name of Employer (for Individual) Central Peninsula Hospital	Occupation (for Individual) 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	/	12	/	2018

Transaction ID : 24516165

Amount of Each Receipt this Period
500.00

Memo Item

B. Bowen, Jill, Berry, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 Fairfield Street

City Saint Albans	State VT	Zip Code 05478-1726
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Northwestern Medical Center	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2018

Transaction ID : 24516169

Amount of Each Receipt this Period
600.00

Memo Item

C. Baumgartner, Michael, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1018 Forest Street

City Maryville	State MO	Zip Code 64468-3810
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SSM Health St. Francis Hospital - Mary	Occupation (for Individual) President
---	--

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	/	01	/	2018

Transaction ID : 24516701

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 92
	<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	

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. Pulsipher, Gary, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2613 Waters Edge Blvd.

City Joplin	State MO	Zip Code 64801-8203
----------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Hospital Joplin	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : 24516707

Amount of Each Receipt this Period
1000.00

Memo Item

B. Roark, Theresa, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5171 East Cottage Lane

City Columbia	State MO	Zip Code 65201-7678
------------------	-------------	------------------------

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

Name of Employer (for Individual) Missouri Hospital Association	Occupation (for Individual) Senior Vice President, Data & Informat
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : 24516709

Amount of Each Receipt this Period
375.00

Memo Item

C. Ravlin, Suzanne, M, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1956 Larod Drive

City Dixon	State IL	Zip Code 61021-9235
---------------	-------------	------------------------

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

Name of Employer (for Individual) Katherine Shaw Bethea Hospital	Occupation (for Individual) Vice President and Chief Legal Officer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : 24516774

Amount of Each Receipt this Period
240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1615.00
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 92
	<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
-----------------------------	-----------------------------	-----------------------------

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. Moore, Tim, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Broadway at 11th Street
 City Quincy State IL Zip Code 62305-7005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illini Community Hospital Occupation (for Individual) Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516775
 Amount of Each Receipt this Period 280.00
 Memo Item

B. Kempe, Richard E., , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Donegal
 City Quincy State IL Zip Code 62305-0910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blessing Hospital Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516776
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Koelliker, R., Scott, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 1/2 Hampshire St
 City Quincy State IL Zip Code 62301-3011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blessing Hospital Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516777
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1080.00
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 92
	<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

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. Ozan Rafferty, Maggie, , Ms., DHA, RN, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3964 Abbney Ridge Court
 City Quincy State IL Zip Code 62305-0813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blessing Hospital Occupation (for Individual) Chief Experience Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516778
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Leonard, James, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 West Park Street
 City Urbana State IL Zip Code 61801-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carle Foundation Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516780
 Amount of Each Receipt this Period 800.00
 Memo Item

C. Prister, James, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5601 South County Line Road
 City Hinsdale State IL Zip Code 60521-4875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RML Specialty Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516781
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 14 OF 92
(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. Schreiner, David, L., Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 East First Street
 City Dixon State IL Zip Code 61021-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Katherine Shaw Bethea Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516782
 Amount of Each Receipt this Period 800.00
 Memo Item

B. Chun, Danny, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 North Oak Park Avenue
 City Oak Park State IL Zip Code 60302-2189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Health and Hospital Associati Occupation (for Individual) VP, Corporate Communications & Mark
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516783
 Amount of Each Receipt this Period 1200.00
 Memo Item

C. Fox, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3815 Highland Avenue
 City Downers Grove State IL Zip Code 60515-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocate Good Samaritan Hospital Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 11 / 2018
Transaction ID : 24516784
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3200.00
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 15 OF 92
	<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	

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. Skogsbergh, Jim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3075 Highland Parkway, Suite 600

City Downers Grove	State IL	Zip Code 60515-1206
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Advocate Aurora Health	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : 24516785

Amount of Each Receipt this Period
4000.00

Memo Item

B. Wagner, Michael, , Dr., MD, FACP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Washington Street

City Boston	State MA	Zip Code 02111-1552
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tufts Medical Center	Occupation (for Individual) President and 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		08		2018

Transaction ID : 24520071

Amount of Each Receipt this Period
750.00

Memo Item

C. Walsh, Steven, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 District Avenue

City Burlington	State MA	Zip Code 01803-5085
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Health & Hospital Associ	Occupation (for Individual) 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
06		08		2018

Transaction ID : 24520072

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6050.00
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 16 OF 92
<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

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. Crowley, Patty, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Five New England Executive Park

City Burlington	State MA	Zip Code 01803-5010
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Health and Hospital Asso	Occupation (for Individual) Vice President, Governance & Member
---	--

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
06		08		2018

Transaction ID : 24520073

Amount of Each Receipt this Period
262.50

Memo Item

B. Salvador, Douglas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 Alpine Drive

City Amherst	State MA	Zip Code 01002-1618
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Baystate Medical Center	Occupation (for Individual) Chief Quality Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24520074

Amount of Each Receipt this Period
375.00

Memo Item

C. Arntstein, Andrew, , Mr., MD, FACP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Brewster Street

City Pawtucket	State RI	Zip Code 02860-4474
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Baystate Medical Center	Occupation (for Individual) Chief Physician Executive, Chief Acade
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24520075

Amount of Each Receipt this Period
375.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1012.50
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 92
	<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	

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. Sankey, Heather, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Longfellow Drive

City Springfield	State MA	Zip Code 01108-2425
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Baystate Mary Lane Hospital	Occupation (for Individual) Chair Ob/Gyn
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24520079

Amount of Each Receipt this Period
375.00

Memo Item

B. Shaver, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 West Silver Street

City Westfield	State MA	Zip Code 01085-3678
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Baystate Noble Hospital	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24520080

Amount of Each Receipt this Period
375.00

Memo Item

C. Tremblay, Robert, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Apple Blossom Way

City Groveland	State MA	Zip Code 01834-1741
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Emerson Hospital	Occupation (for Individual) Controller
---	---

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
06		08		2018

Transaction ID : 24520085

Amount of Each Receipt this Period
262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1012.50
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 92
<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

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. Davis, Jo-Ann, , Ms., JD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Shady Brook

City West Springfield	State MA	Zip Code 01089-1700
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Baystate Medical Center	Occupation (for Individual) Senior Vice President and Chief Gener
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : 24520086

Amount of Each Receipt this Period
375.00

Memo Item

B. Hovan, Keith, A, Mr., RN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 363 Highland Avenue

City Fall River	State MA	Zip Code 02720-3703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Southcoast Hospitals Group	Occupation (for Individual) President and 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		08		2018

Transaction ID : 24520095

Amount of Each Receipt this Period
750.00

Memo Item

C. Burd, David, , Mr., MHA, FHFMA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8915 S 30th St

City Lincoln	State NE	Zip Code 68516-5945
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Thayer County Health Services	Occupation (for Individual) 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		05		2018

Transaction ID : 24520286

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 92
<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

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. Muszman, Rebekah, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1610 Fir Ave

City Crete	State NE	Zip Code 68333-1842
---------------	-------------	------------------------

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

Name of Employer (for Individual) Crete Area Medical Center	Occupation (for Individual) 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		05		2018

Transaction ID : 24520296

Amount of Each Receipt this Period
250.00

Memo Item

B. Becker, Mary, C., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7800 South Eagle Road

City Columbia	State MO	Zip Code 65203-9017
------------------	-------------	------------------------

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

Name of Employer (for Individual) Missouri Hospital Association	Occupation (for Individual) Senior VP, Commc. & Health Improver
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
281.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : 24520303

Amount of Each Receipt this Period
46.88

Memo Item

C. Drummond, Jane, C., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 Chatham Drive

City Columbia	State MO	Zip Code 65203-5640
------------------	-------------	------------------------

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

Name of Employer (for Individual) Missouri Hospital Association	Occupation (for Individual) General Counsel & V.P. of Legal Affair
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
281.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : 24520307

Amount of Each Receipt this Period
46.88

Memo Item

SUBTOTAL of Receipts This Page (optional).....	343.76
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 92
<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

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. Henry, Dane, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10255 Worthington Manor
 City Suwanee State GA Zip Code 30024-5392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Regional Health System Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 07 / 2018
Transaction ID : 24520311
 Amount of Each Receipt this Period 650.00
 Memo Item

B. Kuhn, Herb, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 Saddlebrook Lane
 City Lohman State MO Zip Code 65053-9353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Missouri Hospital Association Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 07 / 2018
Transaction ID : 24520314
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Landon, Daniel, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1811 Forest Park Court
 City Jefferson City State MO Zip Code 65109-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Missouri Hospital Association Occupation (for Individual) Sr. Vice President, Governmental Relat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 07 / 2018
Transaction ID : 24520315
 Amount of Each Receipt this Period 125.00
 Memo Item

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 21 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Porth, Leslie, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1816

City Lake Ozark	State MO	Zip Code 65049-1816
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Missouri Hospital Association	Occupation (for Individual) Vice President of Health Improvement
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
281.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2018
Transaction ID : 24520321

Amount of Each Receipt this Period
46.88

Memo Item

B. Aderholdt, Elizabeth, , Ms., MHA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8077 Hawkcrest Drive

City Grand Blanc	State MI	Zip Code 48439-2422
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Genesys Regional Medical Center	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
736.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2018
Transaction ID : 24521336

Amount of Each Receipt this Period
736.75

Memo Item

C. Allore, Gary, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 East Sherman Boulevard

City Muskegon	State MI	Zip Code 49444-1849
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Hackley Campus	Occupation (for Individual) President
--	--

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
 06 / 07 / 2018
Transaction ID : 24521337

Amount of Each Receipt this Period
350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1133.63
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 92
	<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"/>	<input type="checkbox"/> 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. Boyd, Mary, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4165 Dunes Parkway

City Muskegon	State MI	Zip Code 49441-7201
------------------	-------------	------------------------

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

Name of Employer (for Individual) Trinity Health	Occupation (for Individual) Vice President, Regional Network & Sys
---	---

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
06		07		2018

Transaction ID : 24521338

Amount of Each Receipt this Period
262.50

Memo Item

B. Cacchione, Joseph, G., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 79 Southwood Road

City Akron	State OH	Zip Code 44313-4367
---------------	-------------	------------------------

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

Name of Employer (for Individual) Providence Park Hospital	Occupation (for Individual) Chief Medical 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
06		07		2018

Transaction ID : 24521340

Amount of Each Receipt this Period
350.00

Memo Item

C. East, Rebecca, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4237 N. Oak Pointe Court NE

City Grand Rapids	State MI	Zip Code 49525-9415
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Bronson Healthcare Group	Occupation (for Individual) Senior Vice President
---	--

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
06		07		2018

Transaction ID : 24521345

Amount of Each Receipt this Period
262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
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 92
<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

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. Fojtasek, Georgia, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 North East Avenue
 City Jackson State MI Zip Code 49201-1753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Allegiance Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 07 / 2018
Transaction ID : 24521347
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Jorkasky, Jason, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 Montebello Avenue
 City Haslett State MI Zip Code 48840-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Health & Hospital Association Occupation (for Individual) Senior Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 07 / 2018
Transaction ID : 24521369
 Amount of Each Receipt this Period 262.50
 Memo Item

C. Kunz, Vickie, R., Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5835 N. Cochran Road
 City Charlotte State MI Zip Code 48813-8624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Health & Hospital Association Occupation (for Individual) Senior Director, Health Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 07 / 2018
Transaction ID : 24521375
 Amount of Each Receipt this Period 280.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	892.50
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 24 OF 92
	<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	

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. Leonard, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6383 Redington Drive SE

City Ada	State MI	Zip Code 49301-9021
-------------	-------------	------------------------

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

Name of Employer (for Individual) Spectrum Health	Occupation (for Individual) Chief Legal 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
06		07		2018

Transaction ID : 24521376

Amount of Each Receipt this Period
350.00

Memo Item

B. Macak, Garry, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 329

City Dimondale	State MI	Zip Code 48821-0329
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Michigan Health & Hospital Association	Occupation (for Individual) Vice President, Finance and Controller
---	---

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
06		07		2018

Transaction ID : 24521379

Amount of Each Receipt this Period
262.50

Memo Item

C. Manns, Bill, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Jefferson Avenue SE

City Grand Rapids	State MI	Zip Code 49503-4502
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Saint Mary's	Occupation (for Individual) President
--	--

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
06		07		2018

Transaction ID : 24521382

Amount of Each Receipt this Period
525.00

Memo Item

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 25 OF 92
	<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	

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. Sudderth, Ruthanne, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2327 Kewanee Way
 City Okemos State MI Zip Code 48864-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Health & Hospital Association Occupation (for Individual) Manager, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 07 / 2018
Transaction ID : 24521399
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Way, Mike, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7049 Turkey Glen Trail
 City Kalamazoo State MI Zip Code 49009-7031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronson Healthcare Group Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 07 / 2018
Transaction ID : 24521401
 Amount of Each Receipt this Period 262.50
 Memo Item

C. Loud, Keith, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Medical Center Drive
 City Lebanon State NH Zip Code 03756-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital at Dartmouth Occupation (for Individual) Chair, Pediatrics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2018
Transaction ID : 24522259
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1112.50
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 26 OF 92
<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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Carucci, Dean, , Mr.,		Date of Receipt MM / DD / YYYY 06 / 19 / 2018 Transaction ID : 24522311
Mailing Address One Parkland Drive		Amount of Each Receipt this Period 1000.00
City Derry	State NH	Zip Code 03038-2746
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Portsmouth Regional Hospital	Occupation (for Individual) Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carucci, Dean, , Mr.,		Date of Receipt MM / DD / YYYY 06 / 19 / 2018 Transaction ID : 24524164
Mailing Address One Parkland Drive		Amount of Each Receipt this Period 50.00
City Derry	State NH	Zip Code 03038-2746
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Portsmouth Regional Hospital	Occupation (for Individual) Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rang, Robert, A, Mr., RN, NHA, M		Date of Receipt MM / DD / YYYY 06 / 22 / 2018 Transaction ID : 24525020
Mailing Address Po Box 1505		Amount of Each Receipt this Period 500.00
City Bethel	State AK	Zip Code 99559-1505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Wrangell Medical Center	Occupation (for Individual) Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 27 OF 92
<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

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. Freysinger, Edward, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Tongass Avenue
 City Ketchikan State AK Zip Code 99901-5746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PeaceHealth Ketchikan Medical Center Occupation (for Individual) Chief Administrative Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 24525035
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hultberg, Rebecca, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1049 West Fifth Avenue, Suite 100
 City Anchorage State AK Zip Code 99501-1965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alaska State Hospital and Nursing Home Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2018
Transaction ID : 24527131
 Amount of Each Receipt this Period 500.00
 Memo Item

c. McGuire, Cynthia, , Ms., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 452 Old Street Road
 City Peterborough State NH Zip Code 03458-1263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monadnock Community Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2018
Transaction ID : 24527186
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 28 OF 92
<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

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. Mastro, Mary Lou, , Ms., FACHE, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 East Brush Hill Road

City Elmhurst	State IL	Zip Code 60126-5658
------------------	-------------	------------------------

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

Name of Employer (for Individual) Edward-Elmhurst Healthcare	Occupation (for Individual) 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
06		11		2018

Transaction ID : 24527325

Amount of Each Receipt this Period
500.00

Memo Item

B. Bowman, Kenneth, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 South Mulford Road

City Rockford	State IL	Zip Code 61108-4274
------------------	-------------	------------------------

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

Name of Employer (for Individual) Kindred Healthcare	Occupation (for Individual) Division Vice President, Operations IR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2018

Transaction ID : 24527328

Amount of Each Receipt this Period
400.00

Memo Item

C. Gordon, Steven, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Belmont Avenue

City Brattleboro	State VT	Zip Code 05301-7601
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Brattleboro Memorial Hospital	Occupation (for Individual) 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
06		12		2018

Transaction ID : 24527330

Amount of Each Receipt this Period
350.00

Memo Item

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: (check only one)	PAGE 29 OF 92
	<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	

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. Ahnen, Stephen, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Airport Road

City Concord	State NH	Zip Code 03301-7300
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2018

Transaction ID : 24527339

Amount of Each Receipt this Period
45.50

Memo Item

B. Bizarro-Thunberg, Kathleen, A, Ms., MBA, FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 544 Upper Straw Rd

City Hopkinton	State NH	Zip Code 03229-2023
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) Executive Vice President Federal Relat
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2018

Transaction ID : 24527340

Amount of Each Receipt this Period
22.75

Memo Item

C. Jennings, William, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 5000

City Bridgeport	State CT	Zip Code 06610-0120
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Bridgeport Hospital	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2018

Transaction ID : 24527350

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1068.25
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 30 OF 92
	<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	

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. Iacobellis, James, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Barnes Road
 City Wallingford State CT Zip Code 06492-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Connecticut Hospital Association Occupation (for Individual) Senior Vice President of Government a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2018
Transaction ID : 24527351
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Duke, Scott, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3708 West Brooks Place, Suite 1
 City Sioux Falls State SD Zip Code 57106-4207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Dakota Association of Healthcare Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24527365
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Johnson, Gilbert, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3708 Brooks Place
 City Sioux Falls State SD Zip Code 57106-4207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Dakota Association of Healthcare Occupation (for Individual) Vice President,Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24527368
 Amount of Each Receipt this Period 250.00
 Memo Item

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 31 OF 92
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Webb, Kevin, C, Dr., PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MSC-S39000
100 Madison Avenue

City Toledo State OH Zip Code 43604-1516

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

Name of Employer (for Individual) ProMedica Health System Occupation (for Individual) Chief Acute & Post-Acute Care Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 762.50

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528004

Amount of Each Receipt this Period 500.00

Memo Item

B. Chorey, Raymond, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 610

City Cambridge State OH Zip Code 43725-0610

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

Name of Employer (for Individual) Southeastern Ohio Regional Medical Cen Occupation (for Individual) President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528005

Amount of Each Receipt this Period 500.00

Memo Item

C. Arnett, Randal, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1805 27th Street

City Portsmouth State OH Zip Code 45662-2400

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

Name of Employer (for Individual) Southern Ohio Medical Center Occupation (for Individual) President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528006

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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 32 OF 92
	<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	

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. Borgemenke, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 East Broad Street
 City Columbus State OH Zip Code 43215-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Hospital Association Occupation (for Individual) Senior Vice President, Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528007
 Amount of Each Receipt this Period 625.00
 Memo Item

B. McGlone, Sean, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 East Broad Street
 City Columbus State OH Zip Code 43215-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Hospital Association Occupation (for Individual) Senior Vice President, General Course
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528008
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Ash, Richard, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Eastvold Avenue
 City Ortonville State MN Zip Code 56278-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Hospital District Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528130
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1465.00
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 33 OF 92
	<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	

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. Criger, Sara, J, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4050 Coon Rapids Boulevard
 City Coon Rapids State MN Zip Code 55433-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Hospital Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528132
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Koppelman, Benjamin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Pleasant Avenue
 City Park Rapids State MN Zip Code 56470-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI St. Joseph's Health Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528133
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Maertens, Mary, B, Ms., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 South Bruce Street
 City Marshall State MN Zip Code 56258-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera Marshall Regional Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528134
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
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 34 OF 92
<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

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. Vaagenes, Carl, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 17th Avenue East
 City Alexandria State MN Zip Code 56308-5273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alomere Health Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 24528137
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bruce, Bill, , Mr., MBA, FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Medical Parkway
 City Denison State IA Zip Code 51442-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crawford County Memorial Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2018
Transaction ID : 24528156
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Williams, Sean, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 North Fourth Street
 City Clinton State IA Zip Code 52732-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Iowa City Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2018
Transaction ID : 24528157
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 35 OF 92
<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

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. Button, Charlie, A, Mr., BS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 579

City Afton	State WY	Zip Code 83110-0579
---------------	-------------	------------------------

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

Name of Employer (for Individual) Regional Medical Center	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2018

Transaction ID : 24528158

Amount of Each Receipt this Period
375.00

Memo Item

B. Goldsmith, Debra, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 Rosary Drive

City Corning	State IA	Zip Code 50841-1683
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Health Mercy Corning	Occupation (for Individual) President
---	--

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	/	12	/	2018

Transaction ID : 24528159

Amount of Each Receipt this Period
250.00

Memo Item

C. Price, Kim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1720 Central Avenue East, Suite A

City Hampton	State IA	Zip Code 50441-1867
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Franklin General Hospital	Occupation (for Individual) 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	/	12	/	2018

Transaction ID : 24528160

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
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 36 OF 92
	<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	

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. Richter, Daniel, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 631 North Eighth Street

City Missouri Valley	State IA	Zip Code 51555-1102
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Health Missouri Valley	Occupation (for Individual) Chief of Staff
---	---

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		12		2018

Transaction ID : 24528169

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Joseph, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1015 Union Street

City Boone	State IA	Zip Code 50036-4898
---------------	-------------	------------------------

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

Name of Employer (for Individual) Boone County Hospital	Occupation (for Individual) 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		12		2018

Transaction ID : 24528170

Amount of Each Receipt this Period
250.00

Memo Item

C. Zevenbergen, Glenn, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1202 21st Avenue

City Rock Valley	State IA	Zip Code 51247-1420
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hegg Memorial Health Center Avera	Occupation (for Individual) 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		12		2018

Transaction ID : 24528171

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 37 OF 92
<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

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. Estes, Melinda, , Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 West 64th Street
 City Mission Hills State KS Zip Code 66208-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Luke's Health System Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 19 / 2018**
Transaction ID : 24528394
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Austin, Chad, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6518 SW 26th Court
 City Topeka State KS Zip Code 66614-4305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas Hospital Association Occupation (for Individual) Sr. Vice President, Government Relatic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.68

Date of Receipt **06 / 13 / 2018**
Transaction ID : 24528395
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Ermann, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 1340
 City Liberal State KS Zip Code 67905-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 13 / 2018**
Transaction ID : 24528399
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5288.46
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 38 OF 92
<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

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. Fort, Claudio, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 189 Prouty Drive

City Newport	State VT	Zip Code 05855-9326
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rutland Regional Medical Center	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2018

Transaction ID : 24528409

Amount of Each Receipt this Period
600.00

Memo Item

B. Evert, Tom, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17720 154th Court NE

City Woodinville	State WA	Zip Code 98072-9224
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Washington State Hospital Association	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2018

Transaction ID : 24528410

Amount of Each Receipt this Period
600.00

Memo Item

C. Jurena, Jerry, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 7340

City Bismarck	State ND	Zip Code 58507-7340
------------------	-------------	------------------------

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

Name of Employer (for Individual) North Dakota Hospital Association	Occupation (for Individual) President
--	--

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	/	25	/	2018

Transaction ID : 24528411

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 39 OF 92
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Whittler, Robert, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Evergreen Drive

City Elkview	State WV	Zip Code 25071-9314
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Charleston Area Medical Center	Occupation (for Individual) Vice President Government and Comm
---	---

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		28		2018

Transaction ID : 24528417

Amount of Each Receipt this Period
500.00

Memo Item

B. Crotty, Glenn, , Dr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 E. Coventry Road

City South Charleston	State WV	Zip Code 25309-9528
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Charleston Area Medical Center	Occupation (for Individual) Executive Vice President and Chief Op
---	--

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		28		2018

Transaction ID : 24528418

Amount of Each Receipt this Period
500.00

Memo Item

C. Letnaunchyn, Joseph, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Ariel Heights

City Charleston	State WV	Zip Code 25311-1143
--------------------	-------------	------------------------

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

Name of Employer (for Individual) West Virginia Hospital Association	Occupation (for Individual) 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		20		2018

Transaction ID : 24528424

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 40 OF 92
	<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	

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. Ramsey, David, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Wildacre Drive
 City Charleston State WV Zip Code 25314-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Charleston Area Medical Center Occupation (for Individual) 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 / 20 / 2018
Transaction ID : 24528425
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hering, John, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1013 Hart Boulevard
 City Monticello State MN Zip Code 55362-8575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CentraCare Health-Monticello Occupation (for Individual) Chief Medical 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 / 28 / 2018
Transaction ID : 24528440
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Rau, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 660
 City Morris State MN Zip Code 56267-0660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Community Medical Center Occupation (for Individual) 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 / 28 / 2018
Transaction ID : 24528441
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 41 OF 92
<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

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. Wraalstad, Kimber, L, Ms., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 515 5th Avenue West

City Grand Marais	State MN	Zip Code 55604-3017
----------------------	-------------	------------------------

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

Name of Employer (for Individual) North Shore Health	Occupation (for Individual) Administrator
---	--

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	/	28	/	2018

Transaction ID : 24528443

Amount of Each Receipt this Period
250.00

Memo Item

B. Forkel, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 South State Street

City Aberdeen	State SD	Zip Code 57401-4527
------------------	-------------	------------------------

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

Name of Employer (for Individual) Avera St. Mary's Hospital	Occupation (for Individual) Interim 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	/	26	/	2018

Transaction ID : 24528451

Amount of Each Receipt this Period
500.00

Memo Item

C. Ekeren, Douglas, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Summit Avenue

City Yankton	State SD	Zip Code 57078-3899
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Avera Sacred Heart Hospital	Occupation (for Individual) Regional President and Chief Executive
--	---

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	/	26	/	2018

Transaction ID : 24528453

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 42 OF 92
	<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
-----------------------------	-----------------------------	-----------------------------

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. Kruse, Susan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 N Morning Rain Av
 City Brandon State SD Zip Code 57005-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera McKennan Hospital and University Occupation (for Individual) Director
 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 / 26 / 2018
Transaction ID : 24528454
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Granville, Sabrina, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Lowell Street
 City Dunstable State MA Zip Code 01827-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lowell General Hospital Occupation (for Individual) Senior Vice President and Chief Human Resources 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
 06 / 26 / 2018
Transaction ID : 24528494
 Amount of Each Receipt this Period
 262.50
 Memo Item

C. Copp, Richard, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Arthur Street Apt. 1
 City Brockton State MA Zip Code 02302-1844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Partners HealthCare System, Inc. Occupation (for Individual) Director of Communications
 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
 06 / 26 / 2018
Transaction ID : 24528495
 Amount of Each Receipt this Period
 262.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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 43 OF 92
	<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	

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. Wyman, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Potash Hill Rd

City Tyngsboro	State MA	Zip Code 01879-2710
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lowell General Hospital	Occupation (for Individual) Director of Revenue Cycle
--	--

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
06		26		2018

Transaction ID : 24528497

Amount of Each Receipt this Period
262.50

Memo Item

B. Labossiere, Judith, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 138 Jenckes Hill Road

City Lincoln	State RI	Zip Code 02865-4636
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Emerson Hospital	Occupation (for Individual) Executive Director, Home Care
---	--

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
06		26		2018

Transaction ID : 24528498

Amount of Each Receipt this Period
262.50

Memo Item

C. Geller, Warren, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 Engle Street

City Englewood	State NJ	Zip Code 07631-1808
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Englewood Hospital and Medical Center	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2018

Transaction ID : 24528511

Amount of Each Receipt this Period
975.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 44 OF 92
	<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	

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. Scott, Thomas, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 Perch Avenue

City Manasquan	State NJ	Zip Code 08736-3919
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CentraState Healthcare System	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2018

Transaction ID : 24528514

Amount of Each Receipt this Period
227.50

Memo Item

B. Zieniewicz, Stephen, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Force Hill Road

City Livingston	State NJ	Zip Code 07039-1505
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RWJBarnabas Health	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2018

Transaction ID : 24528515

Amount of Each Receipt this Period
650.00

Memo Item

C. Eicher, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Deputy Director, Government Relations
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2018

Transaction ID : 24528711

Amount of Each Receipt this Period
46.59

Memo Item

SUBTOTAL of Receipts This Page (optional).....	924.09
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 45 OF 92
<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

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. Guerriero, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : 24528714

Amount of Each Receipt this Period
32.50

Memo Item

B. Hirsch, Leslie, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Pocono Road

City Denville	State NJ	Zip Code 07834-2954
------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Peter's University Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : 24528715

Amount of Each Receipt this Period
108.34

Memo Item

C. Keough, Timothy, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Nelson Drive

City Barnegat	State NJ	Zip Code 08005-2174
------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President, Health Information Mgm
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
248.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : 24528717

Amount of Each Receipt this Period
5.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	146.69
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 46 OF 92
<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

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. Lavins, David, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2018

Transaction ID : 24528718

Amount of Each Receipt this Period
46.59

Memo Item

B. Blair, David, E., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7417 Old Lantern Dr. SE

City Caledonia	State MI	Zip Code 49316-9004
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Saint Mary's	Occupation (for Individual) Administrator
--	--

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
06		21		2018

Transaction ID : 24528906

Amount of Each Receipt this Period
350.00

Memo Item

C. Bohlen, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Susans Way

City Bloomfield Hills	State MI	Zip Code 48302-2364
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Beaumont Health	Occupation (for Individual) Chief Marketing&Communications Office
--	--

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
06		21		2018

Transaction ID : 24528907

Amount of Each Receipt this Period
262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	659.09
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 47 OF 92
<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

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. Brooks-Williams, Denise, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2333 Biddle Avenue

City Wyandotte	State MI	Zip Code 48192-4668
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Henry Ford Wyandotte Hospital	Occupation (for Individual) 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
06		21		2018

Transaction ID : 24528908

Amount of Each Receipt this Period
350.00

Memo Item

B. Graebner, Nancy, Kay, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 775 South Main Street

City Chelsea	State MI	Zip Code 48118-1383
-----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Joseph Mercy Chelsea	Occupation (for Individual) 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
06		21		2018

Transaction ID : 24528911

Amount of Each Receipt this Period
350.00

Memo Item

C. Wissman, Sheryl, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1280 Brewer Road

City Leonard	State MI	Zip Code 48367-4402
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Ascension Crittenton Hospital Medical	Occupation (for Individual) Chief Medical 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
06		21		2018

Transaction ID : 24528938

Amount of Each Receipt this Period
350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 48 OF 92
<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

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. Thomas, Warner, L, Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health System Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24533112
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Fontenot, Teri, G, Ms., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 95009
 City Baton Rouge State LA Zip Code 70895-9009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woman's Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24533113
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Salles, Paul, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9521 Brookline Avenue
 City Baton Rouge State LA Zip Code 70809-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana Hospital Association Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24533114
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 49 OF 92
<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

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. Barrett, Coletta, C, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 Hennessy Boulevard

City Baton Rouge	State LA	Zip Code 70808-4375
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Our Lady of the Lake Regional Medical	Occupation (for Individual) Vice President Mission
--	---

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		2018

Transaction ID : 24533115

Amount of Each Receipt this Period
750.00

Memo Item

B. Cochran, Kenneth, J., Mr., DSC, RN, M
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1389

City Opelousas	State LA	Zip Code 70571-1389
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Opelousas General Health System	Occupation (for Individual) President and 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		2018

Transaction ID : 24533116

Amount of Each Receipt this Period
750.00

Memo Item

C. Hellyer, Nancy, R, Ms., RN, FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3330 Masonic Drive

City Alexandria	State LA	Zip Code 71301-3841
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CHRISTUS St. Frances Cabrini Hospital	Occupation (for Individual) 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		2018

Transaction ID : 24563216

Amount of Each Receipt this Period
750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 50 OF 92
	<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	

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. Wester, K, Scott, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 Hennessy Boulevard

City Baton Rouge	State LA	Zip Code 70808-4375
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Our Lady of the Lake Regional Medical	Occupation (for Individual) President and 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		2018

Transaction ID : 24563217

Amount of Each Receipt this Period
750.00

Memo Item

B. Andrews, Susan, E., Ms., MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 Foucher Street

City New Orleans	State LA	Zip Code 70115-3515
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Touro Infirmary	Occupation (for Individual) 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		2018

Transaction ID : 24563218

Amount of Each Receipt this Period
500.00

Memo Item

C. Callecod, David, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1214 Coolidge Boulevard

City Lafayette	State LA	Zip Code 70503-2621
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lafayette General Health	Occupation (for Individual) 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		2018

Transaction ID : 24563219

Amount of Each Receipt this Period
500.00

Memo Item

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 51 OF 92
<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

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. Cathey, James, E., Mr, Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15790 Paul Vega MD Drive
 City Hammond State LA Zip Code 70403-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Oaks Health System Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563220
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gaines, David, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health System Occupation (for Individual) CEO, System Retail Svcs & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563221
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Graham, Larry, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563222
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 52 OF 92
	<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
-----------------------------	-----------------------------	-----------------------------

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. Knight, Sue, , Ms., CPA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 W Highway 30
 City Gonzales State LA Zip Code 70737-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Elizabeth Hospital Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563223
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McMahon, Jennifer, E., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2450 Severn Avenue
 City Metairie State LA Zip Code 70001-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metropolitan Hospital Council of New O Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563224
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mitchell, Joe, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 Crowley Rayne Highway
 City Crowley State LA Zip Code 70526-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia General Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563225
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 53 OF 92
<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

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. Soileau, D., Kirk, Mr., MHA, FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2009

City Natchitoches	State LA	Zip Code 71457-2009
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Natchitoches Regional Medical Center	Occupation (for Individual) 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 / 2018
Transaction ID : 24563228

Amount of Each Receipt this Period
500.00

Memo Item

B. Wright, Stephen, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 Masonic Drive

City Alexandria	State LA	Zip Code 71301-3841
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CHRISTUS St. Frances Cabrini Hospital	Occupation (for Individual) Senior Vice President Group Operation
--	--

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 / 2018
Transaction ID : 24563229

Amount of Each Receipt this Period
500.00

Memo Item

C. Robinson, Stephen, , Mr., Jr FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 West Esplanade Avenue

City Kenner	State LA	Zip Code 70065-2467
----------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Medical Center - Kenner	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2018
Transaction ID : 24563230

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 54 OF 92
	<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	

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. Allen, Timothy, J., Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4608 Highway 1
 City Raceland State LA Zip Code 70394-2623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner St. Anne General Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563231
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Burgess, Robert, L., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 West Highway 30
 City Gonzales State LA Zip Code 70737-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Elizabeth Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563232
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Barrow, William, F, Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 730
 City Deridder State LA Zip Code 70634-0730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Doctor's Hospital of Deer Creek Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563235
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 55 OF 92
<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

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. Day, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8585 Picardy Avenue

City Baton Rouge	State LA	Zip Code 70809-3748
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Baton Rouge General Medical Center	Occupation (for Individual) Senior Vice President
---	--

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	/	2018

Transaction ID : 24563236

Amount of Each Receipt this Period
250.00

Memo Item

B. Derouen, Kathleen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Charles Memorial Hospital	Occupation (for Individual) Senior Vice President Marketing
---	--

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	/	2018

Transaction ID : 24563237

Amount of Each Receipt this Period
250.00

Memo Item

C. Dozier, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 52009 OCS

City Lafayette	State LA	Zip Code 70505-2009
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lafayette General Medical Center	Occupation (for Individual) Vice President, Chief Information Offi
---	---

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	/	2018

Transaction ID : 24563238

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 56 OF 92
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dugas, Denise, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17000 Medical Ctr. Dr., 3rd Fl

City Baton Rouge	State LA	Zip Code 70816-3246
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Our Lady of Lake Regional Medical Cent	Occupation (for Individual) Executive Director, Mental and Behavior
---	--

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		2018

Transaction ID : 24563239

Amount of Each Receipt this Period
250.00

Memo Item

B. Wolterman, Robert, K, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1514 Jefferson Highway

City New Orleans	State LA	Zip Code 70121-2429
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Medical Center	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2018

Transaction ID : 24563244

Amount of Each Receipt this Period
375.00

Memo Item

C. Ezell, Eden, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1514 Jefferson Highway

City New Orleans	State LA	Zip Code 70121-2429
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Health System	Occupation (for Individual) AVP, Compliance & Associate General (
--	--

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		2018

Transaction ID : 24563245

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
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 57 OF 92
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Gandy, Patrick, W., Mr., Jr CPA, MB
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 52009 OCS

City Lafayette	State LA	Zip Code 70505-2009
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lafayette General Medical Center	Occupation (for Individual) Executive Vice President and Chief Exe
---	---

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		2018

Transaction ID : 24563246

Amount of Each Receipt this Period
250.00

Memo Item

B. Goodson, Bradley, R, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Medical Center Drive

City Slidell	State LA	Zip Code 70461-5520
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Medical Center - North Shore	Occupation (for Individual) 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		2018

Transaction ID : 24563247

Amount of Each Receipt this Period
250.00

Memo Item

C. Kenney, Robert, , Mr., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 2511

City Baton Rouge	State LA	Zip Code 70821-2511
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Baton Rouge General Medical Center	Occupation (for Individual) Medical Director, Quality & Patient Sv
---	---

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		2018

Transaction ID : 24563248

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 58 OF 92
	<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	

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. Kirk, Brian, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Charles Memorial Hospital	Occupation (for Individual) Vice President Finance
---	---

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		2018

Transaction ID : 24563260

Amount of Each Receipt this Period
250.00

Memo Item

B. Kratzer, Christopher, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 Crowley Rayne Highway

City Crowley	State LA	Zip Code 70526-8202
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Acadia General Hospital	Occupation (for Individual) Director of Pharmacy
--	---

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		2018

Transaction ID : 24563261

Amount of Each Receipt this Period
250.00

Memo Item

C. Lloyd, Donald, H, Mr., II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 3401

City Lake Charles	State LA	Zip Code 70602-3401
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CHRISTUS St. Patrick Hospital of Lake	Occupation (for Individual) 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		2018

Transaction ID : 24563262

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 59 OF 92
	<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	

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. Loyd-Brown, Bernita, , Ms., LD, LDN

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Oak Park Blvd

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Charles Memorial Hospital	Occupation (for Individual) Vice President, Support Services
---	---

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		2018

Transaction ID : 24563263

Amount of Each Receipt this Period
250.00

Memo Item

B. Pratt, Mary, Ellen, Ms., FACHE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1645 Lutcher Avenue

City Lutcher	State LA	Zip Code 70071-5150
-----------------	-------------	------------------------

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

Name of Employer (for Individual) St. James Parish Hospital	Occupation (for Individual) 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		2018

Transaction ID : 24563264

Amount of Each Receipt this Period
250.00

Memo Item

C. Tenreiro, Edgardo, , Mr.,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3600 Florida Street

City Baton Rouge	State LA	Zip Code 70806-3889
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Baton Rouge General Medical Center	Occupation (for Individual) Chief Executive Officer and President
---	--

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		2018

Transaction ID : 24563267

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 60 OF 92
	<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	

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. Wolkart, Kristin, , Ms., MHA, NEA-B
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1901
 City Monroe State LA Zip Code 71210-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563268
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fournet, Wendy, R, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) Vice President Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 06 / 2018
Transaction ID : 24563269
 Amount of Each Receipt this Period 225.00
 Memo Item

C. Bourgeois, Jeffrey, A., Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Placitas Trail
 City Farmington State NM Zip Code 87401-9611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Juan Regional Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 21 / 2018
Transaction ID : 24568728
 Amount of Each Receipt this Period 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 61 OF 92
	<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	

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. Campos, Christina, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Camino de Vida
 City Santa Rosa State NM Zip Code 88435-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guadalupe County Hospital Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 21 / 2018**
Transaction ID : 24568729
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hatton, Melinda, Reid, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Vice President & General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR1045726246286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Fenwick, Matthew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Strategy & Relationshi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR1234662946286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	403.88
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 62 OF 92
<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

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. Arespacochaga, Elisa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Director, Constituency Secti
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 328.03

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1555656246286
 Amount of Each Receipt this Period 103.40
 Memo Item
 P/R Deduction (\$51.70 Bi-Weekly)

B. Rasmussen, Erik, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President Legislative Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1819487946286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Dexter, Shari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW, Suite 400
 City Washington State DC Zip Code 20001-5189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association Occupation (for Individual) Director, Political Action
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1878189846286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	218.82
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 63 OF 92
<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

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. Myrick, Juanita, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director, Employee Relations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR1913192546286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Henderson, Janet, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Sr. Director, Ops & Engagement Strat
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.11

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR1937843146286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Jones, Diane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Policy
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 250.12

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR1943461546286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.90
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 64 OF 92
	<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

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. Pawlowski, Ursula, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Governance and Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1973934546286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ross, Priscilla, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Federal Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2053848446286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Cleary-Fishman, Marie, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Drive 6102
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) VP Clinical Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2053848946286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 153.90
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 65 OF 92
	<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	

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. Doyle, Julie, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Drive
 7107
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Marketing, Health Foru
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2053849046286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Weger, Kristina, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2058887046286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Robey, Travis, E, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Fed Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2060308246286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	115.44
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 66 OF 92
<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

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. Bhatt, Jay, , Dr., DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 North Wacker Drive

City Chicago	State IL	Zip Code 60606-1787
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Senior Vice President & CMO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2228450446286

Amount of Each Receipt this Period
20.40

Memo Item

P/R Deduction (\$10.20 Bi-Weekly)

B. Porter, Jeanette, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 North Wacker Drive, Suite 400

City Chicago	State IL	Zip Code 60606-1719
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Regional Executive
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2229671946286

Amount of Each Receipt this Period
86.96

Memo Item

P/R Deduction (\$43.48 Bi-Weekly)

C. Pearson, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1108 Lavaca Street, Suite 700

City Austin	State TX	Zip Code 78701-2180
----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Regional Executive
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2251573546286

Amount of Each Receipt this Period
83.34

Memo Item

P/R Deduction (\$41.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	190.70
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 67 OF 92
<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

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. McCue, Michael, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 N. Greenwood Avenue

City Park Ridge	State IL	Zip Code 60068-3227
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Member Relations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR327771646286

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Stock, Debra, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1022 S. Harvey Avenue

City Oak Park	State IL	Zip Code 60304-2132
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Member Relations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR327777846286

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Kraus, Merry Beth, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 N. Clinton Place

City River Forest	State IL	Zip Code 60305-1205
----------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Constituency Section
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR327857446286

Amount of Each Receipt this Period
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	192.36
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 68 OF 92
<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

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. Seklecki, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Political Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 916.76

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR327858046286
 Amount of Each Receipt this Period 243.60
 Memo Item
 P/R Deduction (\$121.80 Bi-Weekly)

B. Barry, Jack, F., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 District Avenue
 City Burlington State MA Zip Code 01803-5041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.11

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR327877846286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Purcell, Ron, O., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.11

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR328241446286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	397.48
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 69 OF 92
<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

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. Pollack, Richard, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3475 North Venice Street

City Arlington	State VA	Zip Code 22207-4446
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR328260946286

Amount of Each Receipt this Period
384.62

Memo Item

P/R Deduction (\$192.31 Bi-Weekly)

B. Mitchell, Alicia, N., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 N. Harrison Street

City Arlington	State VA	Zip Code 22205-2726
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Senior Vice President, Communication
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR328512046286

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Chickey, Rebecca, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 North Wacker Drive

City Chicago	State IL	Zip Code 60606-1787
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) SPSA Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR329013446286

Amount of Each Receipt this Period
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	500.04
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 70 OF 92
	<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	

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. Bash, Robyn, L., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) VP Gov Rel & Pub Pol Oper
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR329084446286

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Deweese, W. Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5201 Virginia Way

City Brentwood	State TN	Zip Code 37027-7525
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Regional Executive
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR329215746286

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Meersman, Patricia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 North Wacker Drive

City Chicago	State IL	Zip Code 60606-1787
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Senior Director Data Management
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR330343346286

Amount of Each Receipt this Period
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	192.36
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 71 OF 92
<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

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. Misfeldt, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2018
Transaction ID : PR330411646286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Muraca, Paul, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 138th Circle West
 City Apple Valley State MN Zip Code 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Member Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.21

Date of Receipt 06 / 30 / 2018
Transaction ID : PR330475446286
 Amount of Each Receipt this Period 207.36
 Memo Item
 P/R Deduction (\$103.68 Bi-Weekly)

C. O'Keefe, Eileen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172 Atteridge
 City Lake Forest State IL Zip Code 60045-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Constituency Section
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2018
Transaction ID : PR330549246286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	361.24
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 72 OF 92
<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

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. Spohn, Anthony, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 N. Oriole

City Chicago	State IL	Zip Code 60634-3232
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Executive Director, Associate Members
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR331098346286

Amount of Each Receipt this Period
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Vanderbush, Darlene, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Vice President, Executive Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR331304246286

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Cundari, Megan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Senior Associate Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1152.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR518031946286

Amount of Each Receipt this Period
207.36

Memo Item

P/R Deduction (\$103.68 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	322.78
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 73 OF 92
	<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
-----------------------------	-----------------------------	-----------------------------

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. Werner, Laura, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Associate Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR560101546286
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Wurth, Maryjane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Executive Vice President, AHA and Pre
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR703068346286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Thompson, Ashley, B., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 S. Royal St.
 City Alexandria State VA Zip Code 22314-4142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Vice President, Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR766023746286
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	192.36
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 74 OF 92
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrobsky, Lisa, Kidder, Ms.,

Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Grassroots and Advoca

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : PR876637246286

Amount of Each Receipt this Period
 38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	38.48
TOTAL This Period (last page this line number only).....▶	80688.42

**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 75 OF 92
<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

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. Wisconsin Hospital Association Federal PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
06 / 07 / 2018
Transaction ID : 24516168

Amount of Each Receipt this Period
500.00

Memo Item

B. New York Hospital & Healthcare Assoc. FED PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
06 / 12 / 2018
Transaction ID : 24516809

Amount of Each Receipt this Period
50000.00

Memo Item

C. Texas Hospital Association HOSPAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 15587

City Austin State TX Zip Code 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
46000.00

Date of Receipt
06 / 19 / 2018
Transaction ID : 24527376

Amount of Each Receipt this Period
15000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	65500.00
TOTAL This Period (last page this line number only).....	65500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 92
(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. TD Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2078.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : 24569993

Amount of Each Receipt this Period
 362.17

Memo Item

Interest Earned

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	362.17
TOTAL This Period (last page this line number only).....▶	362.17

**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"/> 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

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

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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24569994
Amount of Each Disbursement this Period

Merchant Fees

Memo Item

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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24569995
Amount of Each Disbursement this Period

Merchant Fees

Memo Item

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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24569996
Amount of Each Disbursement this Period

Bank Fee

Memo Item

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"/> 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

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

Full Name (Last, First, Middle Initial) A. Kuster For Congress, Inc		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 1498		FEC Identification Number C00462861 Transaction ID : 24512418
City Concord	State NH	Zip Code 03302
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Kuster, Ann, McLane, Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NH	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Welch For Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 1682		FEC Identification Number C00413179 Transaction ID : 24512423
City Burlington	State VT	Zip Code 05402
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Welch, Peter, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VT	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Hawkeye PAC		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address P.O.Box 7255		FEC Identification Number C00379479 Transaction ID : 24512430
City Des Moines	State IA	Zip Code 50309
Purpose of Disbursement 2018 Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 2018 Contribution
Candidate Name Hawkeye PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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

Full Name (Last, First, Middle Initial) A. Friends Of Chris Murphy			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address PO Box 127			FEC Identification Number C00492645 Transaction ID : 24512456	
City Cheshire	State CT	Zip Code 06410	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Murphy, Chris, Scott, Sen.,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CT	District:			

Full Name (Last, First, Middle Initial) B. Bilirakis For Congress			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address PO Box 606			FEC Identification Number C00408534 Transaction ID : 24512457	
City Tarpon Springs	State FL	Zip Code 34688	Amount of Each Disbursement this Period 5000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Bilirakis, Gus, M., Rep.,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL	District: 12			

Full Name (Last, First, Middle Initial) C. Ted Deutch For Congress Committee			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 1050 17th St, NW Ste 590			FEC Identification Number C00469163 Transaction ID : 24512458	
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Deutch, Ted, , Rep.,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL	District: 22			

SUBTOTAL of Disbursements This Page (optional).....▶	7000.00
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"/> 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

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. Ted Deutch For Congress Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1050 17th St, NW
Ste 590

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

City Washington State DC Zip Code 20036

FEC Identification Number

Purpose of Disbursement
Contribution

011
Category/ Type

C	C00469163
---	-----------

Transaction ID : 24512459
Amount of Each Disbursement this Period

Candidate Name

Deutch, Ted, , Rep.,

500.00

Office Sought: House
 Senate
 President
State: FL District: 22

Disbursement For: 2018
 Primary General
 Other (specify) ▼

<input type="checkbox"/> Memo Item

B. Citizens For John Rutherford

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3030 Hartley Rd
Ste 120

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

City Jacksonville State FL Zip Code 32257

FEC Identification Number

Purpose of Disbursement
Contribution

011
Category/ Type

C	C00615294
---	-----------

Transaction ID : 24512460
Amount of Each Disbursement this Period

Candidate Name

Rutherford, John, , Rep.,

1500.00

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

<input type="checkbox"/> Memo Item

C. Debbie Wasserman Schultz For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1071 Twin Branch Ln

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

City Weston State FL Zip Code 33326

FEC Identification Number

Purpose of Disbursement
Contribution

011
Category/ Type

C	C00385773
---	-----------

Transaction ID : 24512461
Amount of Each Disbursement this Period

Candidate Name

Wasserman-Schultz, Debbie, , Rep.,

2500.00

Office Sought: House
 Senate
 President
State: FL District: 23

Disbursement For: 2018
 Primary General
 Other (specify) ▼

<input type="checkbox"/> Memo Item

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

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

4500.00

--

**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"/> 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

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

Full Name (Last, First, Middle Initial) A. Tina Smith for Minnesota			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address PO Box 14362				
City Saint Paul	State MN	Zip Code 55114	FEC Identification Number C00663781 Transaction ID : 24512462	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 1000.00 Contribution	
Candidate Name Smith, Tina, , Sen.,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District:			

Full Name (Last, First, Middle Initial) B. McCollum For Congress			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address P.O. Box 14131				
City St. Paul	State MN	Zip Code 55114	FEC Identification Number C00354688 Transaction ID : 24512463	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 1000.00 Contribution	
Candidate Name McCollum, Betty, , Rep.,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: MN	District: 04			

Full Name (Last, First, Middle Initial) C. McCollum For Congress			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address P.O. Box 14131				
City St. Paul	State MN	Zip Code 55114	FEC Identification Number C00354688 Transaction ID : 24512466	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 1000.00 Contribution	
Candidate Name McCollum, Betty, , Rep.,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 04			

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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

Full Name (Last, First, Middle Initial) A. Menendez For Senate		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 32248		FEC Identification Number C00264564 Transaction ID : 24512467
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Menendez, Robert, , Sen.,		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District:	

Full Name (Last, First, Middle Initial) B. Tom MacArthur For Congress Inc.		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 999		FEC Identification Number C00557520 Transaction ID : 24512468
City Edison	State NJ	Zip Code 08818
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name MacArthur, Tom, , Rep.,		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NJ	District: 03	

Full Name (Last, First, Middle Initial) C. Balderson for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 8197		FEC Identification Number C00662650 Transaction ID : 24512469
City Zanesville	State OH	Zip Code 43702-8197
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Balderson, Troy, , ,		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2018	<input type="checkbox"/> Memo Item
State: OH	District: 12	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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"/> 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

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

Full Name (Last, First, Middle Initial) A. Cindy Hyde-Smith for US Senate		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018
Mailing Address 499 South Capitol Street, SW - Sui		FEC Identification Number C C00675348 Transaction ID : 24513007 Amount of Each Disbursement this Period 5000.00 Contribution
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Hyde-Smith, Cindy, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2018	
State: MS	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Wicker For Senate		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018
Mailing Address PO Box 64		FEC Identification Number C C00443218 Transaction ID : 24513010 Amount of Each Disbursement this Period 2000.00 Contribution
City Jackson	State MS	Zip Code 39205
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Wicker, Roger, F., Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Deb Fischer For US Senate Inc		Date of Disbursement MM / DD / YYYY 06 / 07 / 2018
Mailing Address 5555 South St		FEC Identification Number C C00498907 Transaction ID : 24514221 Amount of Each Disbursement this Period 1500.00 Contribution
City Lincoln	State NE	Zip Code 68506
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Fischer, Deb, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District:	<input type="checkbox"/> Memo Item

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

8500.00

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"/> 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

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

Full Name (Last, First, Middle Initial) A. Heartland Values PAC		Date of Disbursement MM / DD / YYYY 06 / 07 / 2018	
Mailing Address P.O. Box 505			
City Sioux Falls	State SD	Zip Code 57101	
Purpose of Disbursement 2018 Contribution		Category/ Type 011	FEC Identification Number C00409003 Transaction ID : 24514225 Amount of Each Disbursement this Period 2000.00 2018 Contribution <input type="checkbox"/> Memo Item
Candidate Name Heartland Values PAC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Vargas For Congress		Date of Disbursement MM / DD / YYYY 06 / 07 / 2018	
Mailing Address 330 Encinitas Blvd., Suite 101			
City Encinitas	State CA	Zip Code 92024	
Purpose of Disbursement Contribution		Category/ Type 011	FEC Identification Number C00497321 Transaction ID : 24514226 Amount of Each Disbursement this Period 1500.00 Contribution <input type="checkbox"/> Memo Item
Candidate Name Vargas, Juan, C., Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 51			

Full Name (Last, First, Middle Initial) C. Steve Cohen For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018	
Mailing Address 349 Kenilworth Place			
City Memphis	State TN	Zip Code 38112	
Purpose of Disbursement Contribution		Category/ Type 011	FEC Identification Number C00422980 Transaction ID : 24524642 Amount of Each Disbursement this Period 1000.00 Contribution <input type="checkbox"/> Memo Item
Candidate Name Cohen, Stephen, Ira, Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 09			

SUBTOTAL of Disbursements This Page (optional)..... ▶	4500.00
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"/> 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

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

Full Name (Last, First, Middle Initial) A. Connolly For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address PO Box 563		FEC Identification Number C00445452 Transaction ID : 24524644
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Connolly, Gerald, E., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District: 11	

Full Name (Last, First, Middle Initial) B. DelBene For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address PO Box 487		FEC Identification Number C00459099 Transaction ID : 24524645
City Bothell	State WA	Zip Code 98041
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name DelBene, Suzan, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WA District: 01	

Full Name (Last, First, Middle Initial) C. Hoyer For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address 700 13th Street, NW Suite 600		FEC Identification Number C00140715 Transaction ID : 24524647
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Hoyer, Steny, H., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MD District: 05	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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"/> 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

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

Full Name (Last, First, Middle Initial) A. Tom Reed For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address PO Box 10847		FEC Identification Number C00464032 Transaction ID : 24524648
City Rochester	State NY	Zip Code 14610
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name Reed, Tom, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 23	

Full Name (Last, First, Middle Initial) B. ROYB - Rely on Your Beliefs Fund		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address 1300 Pennsylvania Avenue, NW Suite 700		FEC Identification Number C00344648 Transaction ID : 24524649
City Washington	State DC	Zip Code 20004
Purpose of Disbursement 2018 Contribution		Amount of Each Disbursement this Period 5000.00 2018 Contribution
Candidate Name ROYB - Rely on Your Beliefs Fund		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Lofgren For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address C/O Contribution Solutions, Llc 1346 The Alameda, Ste. 7-380		FEC Identification Number C00289603 Transaction ID : 24524651
City San Jose	State CA	Zip Code 95126
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Lofgren, Zoe, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 19	

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

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

8000.00

**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"/> 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

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

Full Name (Last, First, Middle Initial) A. Bergmanforcongress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address 3585 Bunker Hill Rd, #434		FEC Identification Number C00614214 Transaction ID : 24524652
City Acme	State MI	Zip Code 49610
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Bergman, Jack, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 01	

Full Name (Last, First, Middle Initial) B. Tom MacArthur For Congress Inc.		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address PO Box 999		FEC Identification Number C00557520 Transaction ID : 24524653
City Edison	State NJ	Zip Code 08818
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1500.00 Contribution
Candidate Name MacArthur, Tom, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 03	

Full Name (Last, First, Middle Initial) C. Katie Arrington For Congress		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address PO Box 80177		FEC Identification Number C00653204 Transaction ID : 24524654
City Charleston	State SC	Zip Code 29416
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Arrington, Katherine, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 01	

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

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

5000.00

**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"/> 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

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

Full Name (Last, First, Middle Initial)
A. William Timmons for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2018

Mailing Address PO BOX 3416

FEC Identification Number

C C00668491

Transaction ID : 24524655

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

City Greenville State SC Zip Code 29602

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Timmons, William, , ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Runoff2018

Full Name (Last, First, Middle Initial)
B. Upton For All Of Us

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2018

Mailing Address PO Box 490

FEC Identification Number

C C00200584

Transaction ID : 24526951

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Upton, Frederick, Stephen, Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)
C. NRSC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2018

Mailing Address 425 Second Street, NE

FEC Identification Number

C C00027466

Transaction ID : 24526984

Amount of Each Disbursement this Period

15000.00

2018 Contribution

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
NRSC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

18000.00

**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"/> 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

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

Full Name (Last, First, Middle Initial) A. Green Mountain PAC		Date of Disbursement MM / DD / YYYY 06 / 22 / 2018
Mailing Address PO Box 1142		FEC Identification Number C00409110 Transaction ID : 24526989
City Montpelier	State VT	Zip Code 05601
Purpose of Disbursement 2018 Contribution		Category/Type 011
Candidate Name Green Mountain PAC		Amount of Each Disbursement this Period 1000.00 2018 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Treasure State PAC		Date of Disbursement MM / DD / YYYY 06 / 22 / 2018
Mailing Address PO Box 76187		FEC Identification Number C00433680 Transaction ID : 24526990
City Washington	State DC	Zip Code 20013
Purpose of Disbursement 2018 Contribution		Category/Type 011
Candidate Name Treasure State PAC		Amount of Each Disbursement this Period 5000.00 2018 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Eddie Bernice Johnson For Congress		Date of Disbursement MM / DD / YYYY 06 / 22 / 2018
Mailing Address 1825 Market Center Blvd Ste 605		FEC Identification Number C00254573 Transaction ID : 24526992
City Dallas	State TX	Zip Code 75207
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Johnson, Eddie, Bernice, Rep.,		Amount of Each Disbursement this Period 2000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX District: 30		

SUBTOTAL of Disbursements This Page (optional).....▶	8000.00
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"/> 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

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

Full Name (Last, First, Middle Initial)

A. Stephanie Murphy For Congress

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement
Void of 03/18 check

Category/
Type

Candidate Name
Murphy, Stephanie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24578550
Amount of Each Disbursement this Period

Void of 03/18 check

Memo Item

Full Name (Last, First, Middle Initial)

B. Grace For New York

Mailing Address PO Box 656555

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement
Void of 02/18 check

Category/
Type

Candidate Name
Meng, Grace, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24578551
Amount of Each Disbursement this Period

Void of 02/18 check

Memo Item

Full Name (Last, First, Middle Initial)

C. Kathleen Rice For Congress

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement
Void of 02/18 check

Category/
Type

Candidate Name
Rice, Kathleen, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24578552
Amount of Each Disbursement this Period

Void of 02/18 check

Memo Item

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

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