

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Hospital Association PAC

ADDRESS (number and street) 800 Tenth Street, NW Two CityCenter, Suite 400 Washington DC 20001-4956

2. FEC IDENTIFICATION NUMBER C C00106146 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2017 through 05 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hatton, Melinda, Ms., Type or Print Name of Treasurer

Signature of Treasurer Hatton, Melinda, Ms., [Electronically Filed] Date 06 / 20 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2017"/>		<input type="text" value="2722052.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3031981.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="156491.30"/>	<input type="text" value="819651.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3188473.05"/>	<input type="text" value="3541704.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79201.09"/>	<input type="text" value="432432.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3109271.96"/>	<input type="text" value="3109271.96"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**American Hospital Association PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2017

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).....	91189.48	303714.41
(ii) Unitemized .....	24586.26	80389.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	115775.74	384103.43
(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) .....	115775.74	394103.43
12. Transfers From Affiliated/Other Party Committees.....	40450.00	387400.00
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	35941.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	265.56	1206.67
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)).....▶	156491.30	819651.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	156491.30	819651.90

**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 .....	591.44	3572.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	591.44	3572.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	428750.00
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 .....	109.65	109.65
(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)).....	109.65	109.65
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)) ..	79201.09	432432.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79201.09	432432.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	115775.74	394103.43
34. Total Contribution Refunds (from Line 28(d)) .....	109.65	109.65
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	115666.09	393993.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	591.44	3572.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	35941.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	591.44	- 32369.29

**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 105
	<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. Sirois, Peter, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 194 East Main Street

City Fort Kent	State ME	Zip Code 04743-1497
-------------------	-------------	------------------------

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

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

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
05		02		2017

**Transaction ID : 23871396**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. Carpenter, William, F, Mr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 Seven Springs Way

City Brentwood	State TN	Zip Code 37027-5098
-------------------	-------------	------------------------

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

Name of Employer (for Individual) LifePoint Health	Occupation (for Individual) Chairman 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
05		01		2017

**Transaction ID : 23871448**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 15081 Linden Drive

City Leawood	State KS	Zip Code 66224-3412
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Health Alliance of MidAmerica, The	Occupation (for Individual) Regional Executive
---	---

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
05		01		2017

**Transaction ID : 23871449**

Amount of Each Receipt this Period  
375.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1775.00
<b>TOTAL</b> 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 105
<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. Rose, Steven A, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Middleford Road

City Seaford	State DE	Zip Code 19973-3636
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Nanticoke 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  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

**Transaction ID : 23871465**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 9616 Brunswick Dr

City Brentwood	State TN	Zip Code 37027-8467
-------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Homemaker
--	--

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
05		01		2017

**Transaction ID : 23871483**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Becker, Craig, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5201 Virginia Way

City Brentwood	State TN	Zip Code 37027-7540
-------------------	-------------	------------------------

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

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

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
05		01		2017

**Transaction ID : 23871484**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 105
	<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. Gee, Thomas, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1030

City Paris	State TN	Zip Code 38242-1030
---------------	-------------	------------------------

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

Name of Employer (for Individual) Henry County Medical Center	Occupation (for Individual) Administrator
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

**Transaction ID : 23871487**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Goodwin, Keith, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 15010

City Knoxville	State TN	Zip Code 37901-5010
-------------------	-------------	------------------------

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

Name of Employer (for Individual) East Tennessee Children's Hospital	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

**Transaction ID : 23871489**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C. Gregory, Audrey, , Mrs., PhD, RN, M**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5959 Park Ave

City Memphis	State TN	Zip Code 38119-5200
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Francis 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
05		01		2017

**Transaction ID : 23871490**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 9 OF 105
	<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. Hove, Barton, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1905 American Way  
 City Kingsport State TN Zip Code 37660-5882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellmont Health System 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  
 05 / 01 / 2017  
**Transaction ID : 23871491**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Korth, Paul, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Medical Center Boulevard  
 City Cookeville State TN Zip Code 38501-4294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cookeville 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  
 05 / 01 / 2017  
**Transaction ID : 23871492**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Landsman, Joseph, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1924 Alcoa Highway  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Tennessee Medical Center 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  
 05 / 01 / 2017  
**Transaction ID : 23874625**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 105
<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. Maness, David, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 294 Summar Drive

City Jackson	State TN	Zip Code 38301-3915
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Tennessee Hospital Association	Occupation (for Individual) Board Member
---	---

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
05		01		2017

**Transaction ID : 23874626**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. McGill, Timothy, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1559 Sparta Street

City Mc Minnville	State TN	Zip Code 37110-1316
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Livingston 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
05		01		2017

**Transaction ID : 23874628**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Pinson, Charles, Wright, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 22nd Avenue South

City Nashville	State TN	Zip Code 37232-0004
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Vanderbilt Health	Occupation (for Individual) Deputy Vice Chancellor for Health Affa
--	---

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
05		01		2017

**Transaction ID : 23874629**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Ross, James, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 Skyline Drive

City Jackson	State TN	Zip Code 38301-3923
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Jackson-Madison County General Hospita	Occupation (for Individual) Vice President and Chief Operating 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
05		01		2017

**Transaction ID : 23874630**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 100 Fort Sanders West Boulevard

City Knoxville	State TN	Zip Code 37922-3353
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Health	Occupation (for Individual) CEO, Emeritus
--	--

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
05		01		2017

**Transaction ID : 23874632**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Stubblefield, Ted, H., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 North Crest Drive

City Springfield	State TN	Zip Code 37172-3961
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Northcrest Medical Center	Occupation (for Individual) Trustee
--	--

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
05		01		2017

**Transaction ID : 23874633**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2350.00
<b>TOTAL</b> 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 105
	<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. Swart, Darlene, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5201 Virginia Way

City Brentwood	State TN	Zip Code 37027-7540
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Tennessee Hospital Association	Occupation (for Individual) Vice President and Clinical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

**Transaction ID : 23874634**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Traut, Thelma, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 631 R.B. Wilson Drive

City Huntingdon	State TN	Zip Code 38344-1727
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Memorial Hospital-Huntingdon	Occupation (for Individual) Vice Chair
---	---

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
05		01		2017

**Transaction ID : 23874635**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Watson, H, Alan, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1224 Trotwood Avenue

City Columbia	State TN	Zip Code 38401-4802
------------------	-------------	------------------------

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

Name of Employer (for Individual) Maury Regional Health System	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
05		01		2017

**Transaction ID : 23874636**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<b>TOTAL</b> 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 105														
<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. 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 ▼  
273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017

**Transaction ID : 23874716**

Amount of Each Receipt this Period  
45.50

Memo Item

**B. Landon, Beth, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7471 Pan American Freeway NE

City Albuquerque	State NM	Zip Code 87109-4645
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New Mexico Hospital Association	Occupation (for Individual) Policy Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017

**Transaction ID : 23874729**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Hipp, Fred, L, Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1011 Deacon Road

City Hainesport	State NJ	Zip Code 08036-3610
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtua	Occupation (for Individual) Vice President Government Relations
---	--

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  
 05 / 05 / 2017

**Transaction ID : 23874739**

Amount of Each Receipt this Period  
650.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1195.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 105
	<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. Wolfe, Scott, R, Mr., CPA, FHFMA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Grande Boulevard  
 City Sinking Spring State PA Zip Code 19608-9681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Luke's Hospital - Warren Campus Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : 23874740**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Hood, M., Michelle, Ms., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Whiting Hill Road  
 City Brewer State ME Zip Code 04412-1005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eastern Maine Healthcare Systems Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2017  
**Transaction ID : 23875209**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Nolan, Jennifer, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 Bluegrass Avenue  
 City Louisville State KY Zip Code 40215-1161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Our Lady of Peace Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 23881236**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1825.00
<b>TOTAL</b> 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 105
	<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. Lovinger, Gail, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2225 Simpson  
 City Evanston State IL Zip Code 60201-3006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President Association Governance  
 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  
 05 / 08 / 2017  
**Transaction ID : 23881242**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Rock, Mike, , 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. Associate Director  
 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  
 05 / 05 / 2017  
**Transaction ID : 23881247**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**C. Tardy, Warren, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 25th Avenue North  
 Suite 101  
 City Nashville State TN Zip Code 37203-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCA Healthcare Occupation (for Individual) Director, Public Policy Management Gro  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2017  
**Transaction ID : 23881255**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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 105
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. 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) Occupation (for Individual)  
 New Hampshire Hospital Association President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2017  
**Transaction ID : 23881570**  
 Amount of Each Receipt this Period  
 91.00  
 Memo Item

**B. Button, Charlie, A, Mr.,**  
 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) Occupation (for Individual)  
 Star Valley Medical Center President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2017  
**Transaction ID : 23881586**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Hilton, Neil, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2005 Warren Avenue  
 Post Office Box 249  
 City Cheyenne State WY Zip Code 82001-3725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wyoming Hospital Association Vice 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  
 05 / 10 / 2017  
**Transaction ID : 23881587**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	941.00
<b>TOTAL</b> 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 105
<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. Fitzgerald, Andy, , Mr., FHFMA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 3011

City Gillette	State WY	Zip Code 82717-3011
------------------	-------------	------------------------

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

Name of Employer (for Individual) Campbell County Health	Occupation (for Individual) 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  
 05 / 10 / 2017  
**Transaction ID : 23881588**

Amount of Each Receipt this Period  
 350.00

Memo Item

**B. Moore-Hardy, Cynthia, , Ms., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7590 Auburn Road

City Painesville	State OH	Zip Code 44077-9176
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Health	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2017  
**Transaction ID : 23881607**

Amount of Each Receipt this Period  
 1250.00

Memo Item

**C. Karns, Steve, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6379 Ledge Lake Ct.

City Painesville	State OH	Zip Code 44077-9749
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Health	Occupation (for Individual) Senior Vice President Admin 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  
 05 / 10 / 2017  
**Transaction ID : 23881608**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<b>TOTAL</b> 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 105
<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. Abrams, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 East Broad Street, Suite 301

City Columbus	State OH	Zip Code 43215-3640
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

**Transaction ID : 23881609**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B. Archey, Jonathan, , 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 43215-3626
------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Health	Occupation (for Individual) Vice President, Public Relations and G
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

**Transaction ID : 23881610**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Wright, Peter, J, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 243 Elm Street

City Claremont	State NH	Zip Code 03743-4921
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley 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
05		16		2017

**Transaction ID : 23881677**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 105
	<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. Marqusee, Joanne, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 5001  
 City Northampton State MA Zip Code 01061-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cooley Dickinson Hospital Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 05 / 2017  
**Transaction ID : 23882135**  
 Amount of Each Receipt this Period 562.50  
 Memo Item

**B. Hillis, Jeffrey, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Cold Spring Lane  
 City Hudson State MA Zip Code 01749-3053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Adcare Hospital of Worcester Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : 23882136**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. Urban, Michele, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 Fred Jackson Road  
 City Southwick State MA Zip Code 01077-9712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baystate Noble Hospital Occupation (for Individual) Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 05 / 2017  
**Transaction ID : 23882138**  
 Amount of Each Receipt this Period 262.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> 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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Mailing Address 403 Marlborough Street, #13

City Boston	State MA	Zip Code 02115-1567
----------------	-------------	------------------------

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

Name of Employer (for Individual) New England Baptist Hospital	Occupation (for Individual) V.P., Business Development
---	---

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
05	/	05	/	2017

**Transaction ID : 23882139**

Amount of Each Receipt this Period  
262.50

Memo Item

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

Mailing Address 33 Reservoir Drive

City Danvers	State MA	Zip Code 01923-1246
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : 23882140**

Amount of Each Receipt this Period  
562.50

Memo Item

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

Mailing Address 33 Fuller Road

City Augusta	State ME	Zip Code 04330-4910
-----------------	-------------	------------------------

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

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

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
05	/	17	/	2017

**Transaction ID : 23882164**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1825.00
<b>TOTAL</b> 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 105
	<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 <b>A. Gallagher, Peter, , Mr.,</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2017 <b>Transaction ID : 23887136</b>
Mailing Address 13710 St Francis Boulevard		Amount of Each Receipt this Period 330.00
City Midlothian	State VA	Zip Code 23114-3267
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Valley Health System	Occupation (for Individual) Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Merrill, Mark, H, Mr.,</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2017 <b>Transaction ID : 23887137</b>
Mailing Address P O Box 3340		Amount of Each Receipt this Period 1500.00
City Winchester	State VA	Zip Code 22604-2540
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Valley Health System	Occupation (for Individual) President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thomson, Chris, , Mr.,</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2017 <b>Transaction ID : 23887138</b>
Mailing Address 212 Meredith Place		Amount of Each Receipt this Period 300.00
City Lynchburg	State VA	Zip Code 24503-2129
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Centra Health, Inc.	Occupation (for Individual) Vice President Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2130.00
<b>TOTAL</b> 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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. VanMarcke, Tracey, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5213 Brockton Ct

City Glen Allen	State VA	Zip Code 23059-5583
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Hospital & Healthcare Associa	Occupation (for Individual) Executive Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

**Transaction ID : 23887140**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 1041 Brockland Court

City Forest	State VA	Zip Code 24551-2297
----------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Health, Inc.	Occupation (for Individual) Senior VP/COO
--	--

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
05		16		2017

**Transaction ID : 23887377**

Amount of Each Receipt this Period  
750.00

Memo Item

**C. Jacques, Carolyn, , Ms., RNC, BS, M**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Fairfax Ct

City Lynchburg	State VA	Zip Code 24503-2142
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Virginia Baptist Hospital	Occupation (for Individual) VP, Nursing Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

**Transaction ID : 23887379**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> 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 105
	<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. Carrico, Shawn, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 Tyler Ct

City Stephens City	State VA	Zip Code 22655-2371
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley Health System	Occupation (for Individual) Director of Finance-SMH
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

**Transaction ID : 23887397**

Amount of Each Receipt this Period  
225.00

Memo Item

**B. Savage-Tracy, Elizabeth, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 Whispering Knolls Drive

City Winchester	State VA	Zip Code 22603-2611
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley Health System	Occupation (for Individual) Vice President, Human Resources
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

**Transaction ID : 23887398**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Bryant, Angela, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 237 Golf Course Trial

City Amherst	State VA	Zip Code 24521-4682
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Health, Inc.	Occupation (for Individual) Director of Marketing
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

**Transaction ID : 23887399**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<b>TOTAL</b> 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 105
	<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. 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) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : 23887428**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Stuart, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11450 Road 89  
 City Bayard State NE Zip Code 69334-5115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morrill County Community Hospital Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : 23887458**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Trapp, John, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6433 Countryview Rd  
 City Lincoln State NE Zip Code 68516-9293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bryan Medical Center Occupation (for Individual) Vice President Medical Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : 23887459**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> 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 105
	<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. Arnold, Cathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 West 77th St. South Drive

City Indianapolis	State IN	Zip Code 46260
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Indiana Hospital Association	Occupation (for Individual) 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  
 05 / 15 / 2017

**Transaction ID : 23887468**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Cole, Terry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12544 Glen Cove Court

City Carmel	State IN	Zip Code 46033-8227
----------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana Hospital Association	Occupation (for Individual) Vice 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  
 05 / 15 / 2017

**Transaction ID : 23887469**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dykes, Bradford, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2533 East Sailor Lane

City Bloomington	State IN	Zip Code 47401-8194
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana University Health Bedford Hosp	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  
 05 / 15 / 2017

**Transaction ID : 23887470**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 105
	<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. Forgey, Warren, , Mr., MHA, CPA,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2118 Woodlawn Drive

City Seymour	State IN	Zip Code 47274-9302
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Schneck 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
05		15		2017

**Transaction ID : 23887471**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Kinyon, Craig, C, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3402 Deer Park Court

City Richmond	State IN	Zip Code 47374-7935
------------------	-------------	------------------------

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

Name of Employer (for Individual) Reid Health	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
05		15		2017

**Transaction ID : 23887475**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Leonard, Douglas, J, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3739 Taylor Court

City Columbus	State IN	Zip Code 47203-8138
------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana 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
05		15		2017

**Transaction ID : 23887476**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 105
	<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. Ulrich, Bernice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4655 Running Brook Terrace  
 City Greenwood State IN Zip Code 46143-9255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana Hospital Association Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 23887479**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 625.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 23887853**  
 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 ▼ 625.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 23887854**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 105
	<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. 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 Improvem  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : 23887972**  
 Amount of Each Receipt this Period  
 46.88  
 Memo Item

**B. 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 ▼ 234.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : 23887975**  
 Amount of Each Receipt this Period  
 46.88  
 Memo Item

**C. Gheringhelli, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 Parker Hill Avenue  
 City Roxbury Crossing State MA Zip Code 02120-2847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New England Baptist Hospital Occupation (for Individual) Senior Vice President, Chief Financial  
 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  
 05 / 12 / 2017  
**Transaction ID : 23888051**  
 Amount of Each Receipt this Period  
 262.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	356.26
<b>TOTAL</b> 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 105
<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. Bryant, Ronald, , 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 01085-3628
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Baystate Noble Hospital	Occupation (for Individual) President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

**Transaction ID : 23888052**

Amount of Each Receipt this Period  
562.50

Memo Item

**B. 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
05		12		2017

**Transaction ID : 23888075**

Amount of Each Receipt this Period  
975.00

Memo Item

**C. 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 ▼  
212.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

**Transaction ID : 23888082**

Amount of Each Receipt this Period  
6.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1544.00
<b>TOTAL</b> 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 105
<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. Slotman, John, , 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) VP, GME and Teaching Hospital Issues
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

**Transaction ID : 23888088**

Amount of Each Receipt this Period  
6.50

Memo Item

**B. 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 ▼  
277.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2017

**Transaction ID : 23888150**

Amount of Each Receipt this Period  
45.00

Memo Item

**C. Krinkie, Mary, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul	State MN	Zip Code 55114-1052
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President, Government Relations
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2017

**Transaction ID : 23888153**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	551.50
<b>TOTAL</b> 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 31 OF 105
<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. Shaw, Gary, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 South Dellwood Street

City Cambridge	State MN	Zip Code 55008-1920
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cambridge Medical Center	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
05		08		2017

**Transaction ID : 23888154**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. 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
05		08		2017

**Transaction ID : 23888155**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Burt, Wendy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul	State MN	Zip Code 55114-1907
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President, Communications & Publ
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : 23888157**

Amount of Each Receipt this Period  
269.36

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	769.36
<b>TOTAL</b> 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 105
<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. Daniels, Tania, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue W.

City Saint Paul	State MN	Zip Code 55114-1052
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President, Patient Safety
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : 23888158**

Amount of Each Receipt this Period  
269.29

Memo Item

**B. Koranne, Rahul, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue West, Suite

City Saint Paul	State MN	Zip Code 55114-1907
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Senior Vice President, CMO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : 23888163**

Amount of Each Receipt this Period  
269.22

Memo Item

**C. Loncorich, Kristin, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul	State MN	Zip Code 55114-1907
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Director of State Government Relations
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : 23888164**

Amount of Each Receipt this Period  
269.29

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.80
<b>TOTAL</b> 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 105
	<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. Massa, Lawrence, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue West  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt 05 / 08 / 2017  
**Transaction ID : 23888165**

Amount of Each Receipt this Period 770.00

Memo Item

**B. Peltier, Ben, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 409.29

Date of Receipt 05 / 08 / 2017  
**Transaction ID : 23888166**

Amount of Each Receipt this Period 409.29

Memo Item

**C. 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 ▼ 234.40

Date of Receipt 05 / 24 / 2017  
**Transaction ID : 23892927**

Amount of Each Receipt this Period 46.88

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1226.17
<b>TOTAL</b> 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 105
	<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. Angelo, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1078 New Store Rd  
 City Dillwyn State VA Zip Code 23936-3331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Southside Community Hospital Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 22 / 2017  
**Transaction ID : 23892928**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Richardson, Xavier, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8121 Lee Jackson Circle  
 City Spotsylvania State VA Zip Code 22553-3819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mary Washington Hospital Occupation (for Individual) Executive Vice President Corporate De  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 22 / 2017  
**Transaction ID : 23892930**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. Beiswenger, Joel, , Mr., MHA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 Jefferson Street North  
 City Wadena State MN Zip Code 56482-1264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tri-County Hospital Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : 23892943**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	925.00
<b>TOTAL</b> 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 105
<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. Broman, Craig, J, Mr., MHA, FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1406 Sixth Avenue North  
 City Saint Cloud State MN Zip Code 56303-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Cloud Hospital Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : 23892944**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lydick, Bryan, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Fallwood Road  
 City Redwood Falls State MN Zip Code 56283-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Redwood Area Hospital Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : 23892946**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Easton, Andrea, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 258 Evergreen Road #4  
 City Lake Oswego State OR Zip Code 97034-3145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Association of Hospitals & Heal Occupation (for Individual) Associate VP of Government Affairs & A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 335.72

Date of Receipt 05 / 24 / 2017  
**Transaction ID : 23892981**  
 Amount of Each Receipt this Period 335.72  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1185.72
<b>TOTAL</b> 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 105
	<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. Davidson, Andrew, S., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Kruse Way Place, Suite 2-100  
 City Lake Oswego State OR Zip Code 97035-2543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Association of Hospitals and He Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 24 / 2017  
**Transaction ID : 23892982**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Van Pelt, Andy, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Kruse Way Place Building 2, Suite 100  
 City Lake Oswego State OR Zip Code 97035-5545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Association of Hospitals & Heal Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 05 / 24 / 2017  
**Transaction ID : 23892983**  
 Amount of Each Receipt this Period 336.00  
 Memo Item

**C. Bauer, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 890 Oak St. SE  
 City Salem State OR Zip Code 97301-3905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salem Health West Valley Occupation (for Individual) General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 24 / 2017  
**Transaction ID : 23892984**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1086.00
<b>TOTAL</b> 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 105
	<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. Bauer, Keith, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 14001  
 City Salem State OR Zip Code 97309-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salem Hospital Occupation (for Individual) Legal Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2017  
**Transaction ID : 23892985**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Walker, Larry, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4848 Hastings Drive  
 City Lake Oswego State OR Zip Code 97035-5745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Walker Company, The Occupation (for Individual) President  
 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  
 05 / 24 / 2017  
**Transaction ID : 23892988**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Steinke, Pamela, E., Ms., RN,MSN,CEN**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 475  
 City Terrebonne State OR Zip Code 97760-0475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Charles Health System, Inc. Occupation (for Individual) Chief Nurse Executive and Vice Preside  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2017  
**Transaction ID : 23892989**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 105
	<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. Yency, Rick, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Ninth Street  
 City Florence State OR Zip Code 97439-7398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PeaceHealth Peace Harbor Medical Cente Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2017  
**Transaction ID : 23892991**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Griess, Dan, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19930 Chicago Street  
 City Elkhorn State NE Zip Code 68022-4904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Madonna Rehabilitation Hospital Occupation (for Individual) VP Facility Systems & Ancillary Servic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2017  
**Transaction ID : 23893086**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Russel, Kimberly, , Ms., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4031 Thorn Ct  
 City Lincoln State NE Zip Code 68520-9321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bryan Health Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2017  
**Transaction ID : 23893089**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 39 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Schnieders, Michael, H, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 817

City Kearney	State NE	Zip Code 68848-0817
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Health Good Samaritan	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
05		26		2017

**Transaction ID : 23893090**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Goldfischer, Robin, , Ms., ESQ**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 Lydecker Street

City Englewood	State NJ	Zip Code 07631-1914
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley Hospital	Occupation (for Individual) Senior Vice President and General Co
--	---

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
05		26		2017

**Transaction ID : 23893107**

Amount of Each Receipt this Period  
325.00

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : 23893109**

Amount of Each Receipt this Period  
130.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	705.00
<b>TOTAL</b> 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 105
	<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 ▼  
218.83

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : 23893112**

Amount of Each Receipt this Period  
6.50

Memo Item

**B. Rossi, Dianne, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 728 Hoover Road

City Blue Bell	State PA	Zip Code 19422-2016
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Kennedy Health	Occupation (for Individual) Chief Administrative Officer
---	---

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
05		26		2017

**Transaction ID : 23893116**

Amount of Each Receipt this Period  
227.50

Memo Item

**C. Ryan, Elizabeth, A., Ms., ESQ**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brookside Drive

City Bordentown	State NJ	Zip Code 08505-4439
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	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
05		26		2017

**Transaction ID : 23893117**

Amount of Each Receipt this Period  
975.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1209.00
<b>TOTAL</b> 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 105
	<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. Slotman, John, , 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) Occupation (for Individual)  
 New Jersey Hospital Association VP, GME and Teaching Hospital Issues  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2017  
**Transaction ID : 23893119**  
 Amount of Each Receipt this Period  
 46.80  
 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) Occupation (for Individual)  
 RWJBarnabas Health 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  
 05 / 26 / 2017  
**Transaction ID : 23893124**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

**C. Burns, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Grove Street  
 City New Bedford State MA Zip Code 02740-3414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Southcoast Hospitals Group Director of Government Affairs  
 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  
 05 / 26 / 2017  
**Transaction ID : 23894102**  
 Amount of Each Receipt this Period  
 262.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	959.30
<b>TOTAL</b> 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 105
	<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. McMullin, Patricia, B., Ms., Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 Brookline Avenue  
 City Boston State MA Zip Code 02215-5400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beth Israel Deaconess Medical Center Occupation (for Individual) Director of Intergovernmental Relation  
 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  
 05 / 26 / 2017  
**Transaction ID : 23894103**  
 Amount of Each Receipt this Period  
 262.50  
 Memo Item

**B. Gens, Timothy, F., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 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) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2017  
**Transaction ID : 23894104**  
 Amount of Each Receipt this Period  
 800.00  
 Memo Item

**C. Kelly-Crowell, Lisa, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Wyman Road  
 City Lexington State MA Zip Code 02420-3236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Medical Center Occupation (for Individual) SVP & Chief Human Resources 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  
 05 / 26 / 2017  
**Transaction ID : 23894105**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1437.50
<b>TOTAL</b> 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 105
	<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
05		26		2017

**Transaction ID : 23894106**

Amount of Each Receipt this Period  
262.50

Memo Item

**B. Moore, Edward, H, Mr., MBA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 South Street

City Southbridge	State MA	Zip Code 01550-4051
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : 23894163**

Amount of Each Receipt this Period  
562.50

Memo Item

**C. Sullivan, Thomas, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 South Street

City Southbridge	State MA	Zip Code 01550-4051
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Harrington Hospital	Occupation (for Individual) Vice President Fiscal Services
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : 23894164**

Amount of Each Receipt this Period  
562.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1387.50
<b>TOTAL</b> 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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Coughlin, Kevin, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Hospital Drive

City Lowell	State MA	Zip Code 01852-1311
----------------	-------------	------------------------

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

Name of Employer (for Individual) Beth Israel Deaconess Hospital Plymouth	Occupation (for Individual) Senior Vice President System Developo
--	--

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
05		26		2017

**Transaction ID : 23894165**

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 ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : 23894168**

Amount of Each Receipt this Period  
1125.00

Memo Item

**C. Magauran, Brendan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Saddle Club Road

City Lexington	State MA	Zip Code 02420-2102
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Boston Medical Center	Occupation (for Individual) Associate Chief Medical 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
05		26		2017

**Transaction ID : 23894169**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 105
	<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. Moran, Michael, Francis, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 Kemble Street

City Lenox	State MA	Zip Code 01240-2818
---------------	-------------	------------------------

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

Name of Employer (for Individual) Baystate Wing Hospital	Occupation (for Individual) President and Chief Administrative Off
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : 23894170**

Amount of Each Receipt this Period  
562.50

Memo Item

**B. Heater, Floyd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 759 South Main Street

City Woodstock	State VA	Zip Code 22664-1127
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23894260**

Amount of Each Receipt this Period  
225.00

Memo Item

**C. Stryker, Theodore, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 West Princeton Cir  
Apt 27

City Lynchburg	State VA	Zip Code 24503-1440
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Health, Inc.	Occupation (for Individual) VP/ Mental Health
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23894261**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1087.50
<b>TOTAL</b> 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 105
	<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. Tugman, Richard, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1495 Langhorne Rd

City Lynchburg	State VA	Zip Code 24503-2515
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Hospital & Healthcare Associa	Occupation (for Individual) Chief Compliance Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23894265**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Trent, Holly, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Amya Dr

City Lynchburg	State VA	Zip Code 24503-2264
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Health, Inc.	Occupation (for Individual) Vice President and General Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23894266**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Jurkus, Patti, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 688

City Bedford	State VA	Zip Code 24523-0688
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Bedford Memorial Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23894267**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 105
	<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. Ackerman, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 Rivemont Ave  
 City Lynchburg State VA Zip Code 24503-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Health, Inc. Occupation (for Individual) Managing Director, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : 23894268**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Butler, Claudia, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1910 Atherholt Rd  
 City Lynchburg State VA Zip Code 24501-1104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Lynchburg General Hospital Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : 23894269**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Spencer, Tammy, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3358 Hooper Rd  
 City Forest State VA Zip Code 24551-5022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Health, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : 23894303**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 105
	<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. Archambeault, Joe, L., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Chesterfield Rd  
 City Lynchburg State VA Zip Code 24502-2730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Health, Inc. Occupation (for Individual) Director Plant Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : 23894304**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Buchanan, Caleb, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 Beacon Hill Place  
 City Lynchburg State VA Zip Code 24503-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Health, Inc. Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : 23894305**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Bass, William, L, Mr., Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Oak Street  
 City Farmville State VA Zip Code 23901-1199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Southside Community Hospital Occupation (for Individual) Vice President and Chief Executive Off  
 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  
 05 / 11 / 2017  
**Transaction ID : 23894306**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> 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 105
	<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. Tonkinson, Robert, , Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 Royal Oak Drive  
 City Lynchburg State VA Zip Code 24503-1856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Health, Inc. Occupation (for Individual) Chief Financial 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  
 05 / 11 / 2017  
**Transaction ID : 23894307**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**B. Carey, Daniel, , Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4408 Boonsboro Rd  
 City Lynchburg State VA Zip Code 24503-2334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Health, Inc. Occupation (for Individual) Chief Medical 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  
 05 / 11 / 2017  
**Transaction ID : 23894312**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**C. Walker, Jan, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1517 Linden Ave  
 City Lynchburg State VA Zip Code 24503-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centra Lynchburg General Hospital Occupation (for Individual) Director Human Resources  
 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  
 05 / 11 / 2017  
**Transaction ID : 23894313**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 105
<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. Adams, David, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1045 Ashland Place

City Lynchburg	State VA	Zip Code 24503-2533
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Lynchburg General Hospital	Occupation (for Individual) Senior Vice President
--	--

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
05		11		2017

**Transaction ID : 23894314**

Amount of Each Receipt this Period  
750.00

Memo Item

**B. Deaton, Eric, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1950 American Way

City Kingsport	State TN	Zip Code 37660-5881
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Wellmont Hancock County Hospital	Occupation (for Individual) Executive Vice President, Chief Operat
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23894315**

Amount of Each Receipt this Period  
900.00

Memo Item

**C. Tibbs, E, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1920 Atherholt Road

City Lynchburg	State VA	Zip Code 24501-1104
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Health, Inc.	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23894316**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> 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 105
	<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. Agee, Nancy, Howell, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 13727  
 City Roanoke State VA Zip Code 24036-3727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 23894317**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Geisert, Dawn, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5716 Whitehaven Drive  
 City Troy State MI Zip Code 48085-3188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beaumont Health Occupation (for Individual) SVP&COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 23 / 2017  
**Transaction ID : 23896619**  
 Amount of Each Receipt this Period 262.50  
 Memo Item

**C. 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 ▼ 420.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : 23896623**  
 Amount of Each Receipt this Period 420.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2182.50  
**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 52 OF 105
	<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. Hamilton, Terry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11800 East 12 Mile Road

City Warren	State MI	Zip Code 48093-3472
----------------	-------------	------------------------

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

Name of Employer (for Individual) St. John Macomb-Oakland Hospital	Occupation (for Individual) 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
05		23		2017

**Transaction ID : 23896628**

Amount of Each Receipt this Period  
262.50

Memo Item

**B. Jones, John, L., Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1814 Hazel Avenue

City Kalamazoo	State MI	Zip Code 49008-2844
-------------------	-------------	------------------------

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

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

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
05		23		2017

**Transaction ID : 23897533**

Amount of Each Receipt this Period  
262.50

Memo Item

**C. Pilong, Alfred, E, Mr., Jr. RPH, M**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 Sixth Street

City Traverse City	State MI	Zip Code 49684-2349
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Munson Medical Center	Occupation (for Individual) President, Munson Medical Center and
--	---

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
05		23		2017

**Transaction ID : 23900331**

Amount of Each Receipt this Period  
262.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	787.50
<b>TOTAL</b> 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 105
<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. Reichle, Paula, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 Hagadorn Road

City Mason	State MI	Zip Code 48854-9336
---------------	-------------	------------------------

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

Name of Employer (for Individual) Sparrow Health System	Occupation (for Individual) Senior Vice President and Chief Financ
--	---

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
05		23		2017

**Transaction ID : 23900334**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Sardone, Frank, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 John Street

City Kalamazoo	State MI	Zip Code 49007-5341
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Bronson Healthcare Group	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

**Transaction ID : 23900339**

Amount of Each Receipt this Period  
525.00

Memo Item

**C. Shirilla, Paul, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2124 Twin Eagles Drive

City Traverse City	State MI	Zip Code 49686-9306
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Munson Healthcare	Occupation (for Individual) Vice President and General Counsel
--	---

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
05		23		2017

**Transaction ID : 23900341**

Amount of Each Receipt this Period  
262.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1137.50
<b>TOTAL</b> 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 105
	<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. Spoelman, Roger, , 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 and Chief Executive Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

**Transaction ID : 23900342**

Amount of Each Receipt this Period  
525.00

Memo Item

**B. Sripada, Subra, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17848 Briar Ridge

City Northville	State MI	Zip Code 48168-6872
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Beaumont Hospital - Royal Oak	Occupation (for Individual) Executive Vice President, Chief Transp
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

**Transaction ID : 23900343**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Torossian, Lynn, M, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6777 West Maple Road

City West Bloomfield	State MI	Zip Code 48322-3013
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Henry Ford West Bloomfield 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
05		23		2017

**Transaction ID : 23900344**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1225.00
<b>TOTAL</b> 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 105
<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. Williams, Ginger, , Dr., MD, FACEP,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 North Madison Street

City Marshall	State MI	Zip Code 49068-1143
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

**Transaction ID : 23900346**

Amount of Each Receipt this Period  
140.00

Memo Item

**B. Albosta, Kevin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3711 Desert Dr.

City Saginaw	State MI	Zip Code 48603-1976
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Healthcare	Occupation (for Individual) Vice 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
05		11		2017

**Transaction ID : 23900503**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Birchmeier, Kevin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19925 East Rd

City New Lothrop	State MI	Zip Code 48460-9611
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Healthcare	Occupation (for Individual) Director Human Resources
--	---

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
05		11		2017

**Transaction ID : 23900504**

Amount of Each Receipt this Period  
262.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	752.50
<b>TOTAL</b> 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 56 OF 105
	<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. Charlton, Bethany, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 Ashland Drive

City Saginaw	State MI	Zip Code 48638-4603
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Healthcare	Occupation (for Individual) Vice President, Patient Services
--	---

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
05		11		2017

**Transaction ID : 23900507**

Amount of Each Receipt this Period  
262.50

Memo Item

**B. Connors, Robert, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 Lafayette NE

City Grand Rapids	State MI	Zip Code 49503-3336
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Helen DeVos Children's Hospital	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
05		11		2017

**Transaction ID : 23900521**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Fox, John, T, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3711 West 13 Mile Road

City Royal Oak	State MI	Zip Code 48073-6767
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Beaumont Health	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23900668**

Amount of Each Receipt this Period  
525.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1137.50
<b>TOTAL</b> 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 57 OF 105
	<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. George, Daniel, M., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 672 Morningside Drive  
 City Grand Blanc State MI Zip Code 48439-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Covenant Healthcare Occupation (for Individual) Vice President, Ambulatory Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 23900681**  
 Amount of Each Receipt this Period 525.00  
 Memo Item

**B. Harrelson, Kathleen, , Ms., RN**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6181 Karabrook Ct  
 City Kalamazoo State MI Zip Code 49009-8961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bronson Healthcare Group Occupation (for Individual) Sr VP, Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 23900684**  
 Amount of Each Receipt this Period 262.50  
 Memo Item

**C. Kosanovich, John, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 E. Hannum Blvd.  
 City Saginaw State MI Zip Code 48602-1937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Covenant Healthcare Occupation (for Individual) Executive Vice President Physician Ent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 23900699**  
 Amount of Each Receipt this Period 525.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1312.50
<b>TOTAL</b> 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 105
	<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
05		11		2017

**Transaction ID : 23900727**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Lewis, Myron, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 E.Bluff Court

City Zeeland	State MI	Zip Code 49464-9231
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Spectrum Health	Occupation (for Individual) Manager Neuro Sciences
--	---

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
05		11		2017

**Transaction ID : 23900728**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Meyer, Jean, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18273 Woodbury Court

City Northville	State MI	Zip Code 48168-8844
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Providence Park Hospital	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
05		11		2017

**Transaction ID : 23900735**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 105
<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. Nall, David, H., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Red Maple Ln

City Saginaw	State MI	Zip Code 48603-8634
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Healthcare	Occupation (for Individual) Director, Practice Management
--	--

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
05		11		2017

**Transaction ID : 23900737**

Amount of Each Receipt this Period  
262.50

Memo Item

**B. Nelson, Charles, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Osceola Street

City Laurium	State MI	Zip Code 49913-2134
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Aspirus Keweenaw Hospital, Inc.	Occupation (for Individual) Regional Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23900738**

Amount of Each Receipt this Period  
262.50

Memo Item

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

Mailing Address 6480 Kernwood

City East Lansing	State MI	Zip Code 48823-9432
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Sparrow Hospital	Occupation (for Individual) Executive Vice President and Chief Ope
---	---

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
05		11		2017

**Transaction ID : 23900745**

Amount of Each Receipt this Period  
525.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 105
	<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. Schultz, Michael, L., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2784 Dunkirk Dr.

City Saginaw	State MI	Zip Code 48603-3136
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Healthcare	Occupation (for Individual) 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
05		11		2017

**Transaction ID : 23900747**

Amount of Each Receipt this Period  
262.50

Memo Item

**B. Sripada, Subra, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17848 Briar Ridge

City Northville	State MI	Zip Code 48168-6872
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Beaumont Hospital - Royal Oak	Occupation (for Individual) Executive Vice President, Chief Transp
--	---

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
05		11		2017

**Transaction ID : 23900751**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Sullivan, Michael, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3690 East White Trillium Dr

City Saginaw	State MI	Zip Code 48603-1939
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Healthcare	Occupation (for Individual) Chief Transformation 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
05		11		2017

**Transaction ID : 23900757**

Amount of Each Receipt this Period  
262.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<b>TOTAL</b> 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 105
	<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. Wenzel, Tim, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 Northview Drive

City Frankenmuth	State MI	Zip Code 48734-9304
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Healthcare	Occupation (for Individual) Director of Human Resources
--	--

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
05		11		2017

**Transaction ID : 23900762**

Amount of Each Receipt this Period  
262.50

Memo Item

**B. Patterson, Sarah, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 900

City Seattle	State WA	Zip Code 98111-0900
-----------------	-------------	------------------------

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

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

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
05		30		2017

**Transaction ID : 23900848**

Amount of Each Receipt this Period  
400.00

Memo Item

**C. Rutherford, Peter, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1887

City Wenatchee	State WA	Zip Code 98807-1887
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Confluence Health/Wenatchee Valley Hos	Occupation (for Individual) Chief Executive Officer
---	--

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
05		30		2017

**Transaction ID : 23900849**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1062.50
<b>TOTAL</b> 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 105
	<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. Sauer, Cassie, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Elliott Avenue West  
 Suite 300  
 City Seattle State WA Zip Code 98119-4198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington State Hospital Association Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 30 / 2017  
**Transaction ID : 23900850**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Simmons, Preston, M, Mr., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 1147  
 City Everett State WA Zip Code 98206-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Regional Medical Center Eve Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 30 / 2017  
**Transaction ID : 23900851**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Coyle, Carmela, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6820 Deerpath Road  
 City Elkridge State MD Zip Code 21075-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maryland Hospital Association Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 05 / 30 / 2017  
**Transaction ID : 23900857**  
 Amount of Each Receipt this Period 510.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1310.00
<b>TOTAL</b> 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 105
	<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. Kniffin, Fred, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Painter Rd  
 City Middlebury State VT Zip Code 05753-8927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Porter Medical Center Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2017  
**Transaction ID : 23900858**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 ▼ 409.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2017  
**Transaction ID : 23900862**  
 Amount of Each Receipt this Period 45.50  
 Memo Item

**C. 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 ▼ 204.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2017  
**Transaction ID : 23900864**  
 Amount of Each Receipt this Period 22.75  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	568.25
<b>TOTAL</b> 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 105
<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. Frieden, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1227 East Rusholme Street

City Silvis	State IA	Zip Code 52803-2498
----------------	-------------	------------------------

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

Name of Employer (for Individual) Genesis Medical Center-Davenport	Occupation (for Individual) Vice President Information Systems
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

**Transaction ID : 23900875**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Norris, J, Kirk, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 East Grand Avenue, Suite 100

City Des Moines	State IA	Zip Code 50309-1800
--------------------	-------------	------------------------

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

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

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
05	/	31	/	2017

**Transaction ID : 23900876**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Donlin, Michael, T, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 714 Lincoln Street NE

City Le Mars	State IA	Zip Code 51031-3314
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Floyd Valley Healthcare	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
05	/	31	/	2017

**Transaction ID : 23900878**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Keehne, Maureen, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 East Grand Avenue  
 Suite 100  
 City Des Moines State IA Zip Code 50309-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iowa Hospital Association Occupation (for Individual) Vice President and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 31 / 2017  
**Transaction ID : 23900882**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**B. Murphy, Kim, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 East Grand Avenue, Suite 100  
 City Des Moines State IA Zip Code 50309-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iowa Hospital Association Occupation (for Individual) Director, Government Realitions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 31 / 2017  
**Transaction ID : 23900884**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. Schultz, Cindy, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 East Grand Avenue  
 Suite 100  
 City Des Moines State IA Zip Code 50309-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iowa Hospital Association Occupation (for Individual) Director, Finance & Human Resources  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 31 / 2017  
**Transaction ID : 23900886**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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 105
<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. Christianson, Clinton, J, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 St Joseph's Drive

City Centerville	State IA	Zip Code 52544-9017
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Medical Center-Centerville	Occupation (for Individual) President
---	--

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
05		31		2017

**Transaction ID : 23900893**

Amount of Each Receipt this Period  
450.00

Memo Item

**B. Myers, Michael, D, Mr., RN, MA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 First Street SE

City Waukon	State IA	Zip Code 52172-2022
----------------	-------------	------------------------

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

Name of Employer (for Individual) Veterans Memorial 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
05		31		2017

**Transaction ID : 23900894**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. 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
05		31		2017

**Transaction ID : 23900903**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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 105
	<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. McIntyre, Scott, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 East Grand Avenue  
Suite 100

City Des Moines State IA Zip Code 50309-1829

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

Name of Employer (for Individual) Iowa Hospital Association Occupation (for Individual) Director, Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2017

**Transaction ID : 23900906**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Baumert, Steven, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 2C

City Council Bluffs State IA Zip Code 51502-3002

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

Name of Employer (for Individual) Methodist Jennie Edmundson Hospital Occupation (for Individual) President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2017

**Transaction ID : 23900907**

Amount of Each Receipt this Period  
625.00

Memo Item

**C. Guthmiller, Martin, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Lincoln Circle SE

City Orange City State IA Zip Code 51041-1398

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

Name of Employer (for Individual) Orange City Area Health System Occupation (for Individual) Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2017

**Transaction ID : 23900908**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1375.00
<b>TOTAL</b> 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 105
<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. Hubbell, Donna, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 933 E Pierce St  
#2C

City Council Bluffs	State IA	Zip Code 51503-4626
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Jennie Edmundson Hospital	Occupation (for Individual) Vice President Quality & Patient Safet
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : 23900909**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dieter, Brian, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 Duff Avenue

City Ames	State IA	Zip Code 50010-5745
--------------	-------------	------------------------

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

Name of Employer (for Individual) Mary Greeley 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
05		31		2017

**Transaction ID : 23900910**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Reed, Harrell, Lester, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3099

City Lynchburg	State VA	Zip Code 24503-0099
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Centra Health, Inc.	Occupation (for Individual) President Centra Medical Group
--	---

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
05		11		2017

**Transaction ID : 23922609**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Bech, Fritz, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 424 S. 11th Street

City Philadelphia	State PA	Zip Code 19147-1244
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Kennedy Health	Occupation (for Individual) Chief of Surgery
---	---

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
05	/	17	/	2017

**Transaction ID : 23922624**

Amount of Each Receipt this Period  
325.00

Memo Item

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

Mailing Address 124 Avon Terrace

City Moorestown	State NJ	Zip Code 08057-2617
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Kennedy Health	Occupation (for Individual) Chief Medical Officer
---	--

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
05	/	17	/	2017

**Transaction ID : 23922625**

Amount of Each Receipt this Period  
227.50

Memo Item

**C. Kraemer, Marianne, , Ms., BSN, MPA,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 Dorchester Circle

City Marlton	State NJ	Zip Code 08053-3777
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Kennedy Health	Occupation (for Individual) Chief Nursing Officer
---	--

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
05	/	17	/	2017

**Transaction ID : 23922636**

Amount of Each Receipt this Period  
325.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	877.50
<b>TOTAL</b> 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 105
	<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. Rumfield, Robert, D., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Aspen Court

City Easton	State PA	Zip Code 18040-8158
----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Luke's Hospital - Warren Campus	Occupation (for Individual) Trustee
--	--

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
05		17		2017

**Transaction ID : 23922640**

Amount of Each Receipt this Period  
227.50

Memo Item

**B. O'Dell, Gene, , 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, Strategic Planning
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23927425**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$19.24 This changes the YTD Total to \$0.00

**C. Combes, John, R., Dr.,**  
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) President & Chief Operating Officer, C
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23927426**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$38.47 This changes the YTD Total to \$0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.50
<b>TOTAL</b> 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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Mailing Address 155 N Wacker Dr

City Chicago	State IL	Zip Code 60606-1709
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AHA Solutions, Inc.	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23927427**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$38.47 This changes the YTD Total to \$0.00

**B. Evans, John, , 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) Senior Vice President & CFO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : 23927428**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$13.47 This changes the YTD Total to \$0.00

**C. 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 Counse
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR1045726242363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.94
<b>TOTAL</b> 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 105
	<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. Kirby, Dale, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 331  
 City Colusa State CA Zip Code 95932-0331  
 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 ▼ 423.17

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR1125892342363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. 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 ▼ 423.17

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR1234662942363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Mackay, Jack, A., 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) Vice President & CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR1347703642363**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 105
	<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. 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR1819487942363**  
 Amount of Each Receipt this Period  
 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR1878189842363**  
 Amount of Each Receipt this Period  
 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. Knolle, Evelyn, , 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, Policy -TR  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR1913190742363**  
 Amount of Each Receipt this Period  
 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> 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 74 OF 105
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. 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 ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR1913192542363**  
 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) Director, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR1937843142363**  
 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 ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR1943461542363**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> 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 75 OF 105
	<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. 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 ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR1973934542363**  
 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 ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR2053848442363**  
 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 ▼ 423.17

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR2053848942363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> 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 76 OF 105
<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. 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 ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR2053849042363**

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 ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR2058887042363**

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 ▼ 211.64

Date of Receipt 05 / 31 / 2017  
**Transaction ID : PR2060308242363**

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 77 OF 105
	<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. 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) Associate Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR327771642363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Sonik, Suzanne, R., 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) Director, Long-Term Care
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR327777242363**

Amount of Each Receipt this Period  
38.48

Memo Item

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

**C. 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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR327777842363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 78 OF 105
	<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. Lewis, Joan, H., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6034 North 22nd Street  
 City Arlington State VA Zip Code 22205-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR327831742363**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR327857442363**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR327858042363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> 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 79 OF 105
	<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. 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR327877842363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Bergstrom, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 N. 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) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR327895742363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Bonner, Thomas, J., Mr., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 679010  
 City Austin State TX Zip Code 78767-9010  
 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR327983742363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.82
<b>TOTAL</b> 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 80 OF 105
	<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. 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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR328241442363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. 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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR328260942363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. Forcina, Carolyn, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Clover Hill Court

City Yardley	State PA	Zip Code 19067-5736
-----------------	-------------	------------------------

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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR328511842363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.82
<b>TOTAL</b> 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 81 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input 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. 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, Communications  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR328512042363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR329013442363**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. 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) Executive Director, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR329084442363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 82 OF 105
	<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. 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) AHA Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR329215742363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR330343342363**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR330411642363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 83 OF 105
	<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. 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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR330475442363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. 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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR330549242363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. 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 Memberst
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : PR331098342363**

Amount of Each Receipt this Period  
38.48

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 84 OF 105
	<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. Tucker, Debi, H., Ms., Esq.**

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

Mailing Address 1101 N. Kentucky Street

City Arlington	State VA	Zip Code 22205-3515
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Executive Director, State Issues Forum
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017

**Transaction ID : PR331278842363**

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 Office Opera
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017

**Transaction ID : PR331304242363**

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 ▼  
423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017

**Transaction ID : PR518031942363**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 85 OF 105
	<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. 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR560101542363**  
 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) Chief Strategy and Relationship Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR703068342363**  
 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017  
**Transaction ID : PR766023742363**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 86 OF 105  
(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 ▼ **211.64**

Date of Receipt **05 / 31 / 2017**

**Transaction ID : PR876637242363**

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>38.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>91189.48</b>

**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 87 OF 105
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Texas Hospital Association HOSPAC - Federal**

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 ▼  
35000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : 23871447**

Amount of Each Receipt this Period  
20000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. AZHHA Political Action Committee (Federal)**

Mailing Address 2901 North Central Avenue Suite 900

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00217687

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : 23881238**

Amount of Each Receipt this Period  
20000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Wisconsin Hospital Association Federal PAC**

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 ▼  
2300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : 23881246**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40350.00
<b>TOTAL</b> 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 88 OF 105
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wisconsin Hospital Association Federal PAC

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 ▼  
2400.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2017

**Transaction ID : 23881679**

Amount of Each Receipt this Period  
100.00

Memo Item

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40450.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 105
<input 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 checked="" 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. 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 ▼ 1206.67

Date of Receipt 05 / 31 / 2017  
**Transaction ID : 23923139**  
Amount of Each Receipt this Period 265.56  
 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  
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  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.56
<b>TOTAL</b> This Period (last page this line number only).....▶	265.56

**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 : 23923142**  
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 : 23923145**  
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 : 23923147**  
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) <b>A. Families For James Lankford</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address PO Box 1639		FEC Identification Number C00466482 <b>Transaction ID : 23871866</b>
City Bethany	State OK	Zip Code 73008
Purpose of Disbursement 2022 Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 2022 Contribution
Candidate Name <b>Lankford, James, , Sen.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2022	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK	District:	

Full Name (Last, First, Middle Initial) <b>B. Manchin For West Virginia</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address PO Box 5202		FEC Identification Number C00486563 <b>Transaction ID : 23871869</b>
City Charleston	State WV	Zip Code 25361
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name <b>Manchin, Joe, , Sen., III</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	

Full Name (Last, First, Middle Initial) <b>C. Stabenow For U.S. Senate</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address P.O. Box 4945		FEC Identification Number C00344473 <b>Transaction ID : 23871870</b>
City East Lansing	State MI	Zip Code 48826
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Stabenow, Debbie, , Sen.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District:	

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Blumenauer For Congress</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address 901 SE Oak Street Suite 105			FEC Identification Number C C00307314 <b>Transaction ID : 23871871</b>	
City Portland	State OR	Zip Code 97214	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Blumenauer, Earl, , Rep.,</b>		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: OR	District: 03			

Full Name (Last, First, Middle Initial) <b>B. Lone Star Leadership PAC</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address 7315 Wisconsin Avenue Suite 310 East			FEC Identification Number C C00415208 <b>Transaction ID : 23871873</b>	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 1000.00 2017 Contribution	
Purpose of Disbursement 2017 Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Lone Star Leadership PAC</b>		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Charlie Dent For Congress</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address PO Box 442			FEC Identification Number C C00386847 <b>Transaction ID : 23871876</b>	
City Allentown	State PA	Zip Code 18105	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Dent, Charlie, W., Rep.,</b>		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: PA	District: 15			

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Pat Meehan For Congress</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address 50 S Providence Rd			FEC Identification Number C C00466870 <b>Transaction ID : 23871877</b>	
City Media	State PA	Zip Code 19063	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Meehan, Patrick, L., Rep.,</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 07			

Full Name (Last, First, Middle Initial) <b>B. Citizens For Turner</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address 120 W 2nd Street Suite 1510			FEC Identification Number C C00373001 <b>Transaction ID : 23871880</b>	
City Dayton	State OH	Zip Code 45402	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Turner, Michael, R., Rep.,</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 10			

Full Name (Last, First, Middle Initial) <b>C. Valadao For Congress</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address 5132 North Palm Avenue #227			FEC Identification Number C C00499392 <b>Transaction ID : 23871881</b>	
City Fresno	State CA	Zip Code 93704	Amount of Each Disbursement this Period 2000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Valadao, David, G., Rep.,</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 21			

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Congressional Black Caucus PAC</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address 1825 I Street, NW Suite 400		FEC Identification Number C C00147512 <b>Transaction ID : 23871882</b>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement 2017 Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Congressional Black Caucus PAC</b>		2017 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:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. RACPAC</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address 402 A South Capitol Street, SE		FEC Identification Number C C00580464 <b>Transaction ID : 23871883</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2017 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>RACPAC</b>		2017 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:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Strange For Senate</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address PO Box 3670		FEC Identification Number C C00629451 <b>Transaction ID : 23871886</b>
City Montgomery	State AL	Zip Code 36109
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Strange, Luther, , Sen.,</b>		Contribution
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) ▼	<input type="checkbox"/> Memo Item
State: AL District:	Special-Primary2018	

**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**

Full Name (Last, First, Middle Initial) <b>A. Steve Knight For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address PO Box 730		FEC Identification Number C C00554014 <b>Transaction ID : 23871888</b>
City Hilmar	State CA	Zip Code 95324
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Knight, Steve, , Rep.,</b>		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: CA	District: 25	

Full Name (Last, First, Middle Initial) <b>B. Gillibrand For Senate</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address 126 C Street, NW 2nd Floor		FEC Identification Number C C00413914 <b>Transaction ID : 23871889</b>
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Gillibrand, Kirsten, E., Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
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) ▼	<input type="checkbox"/> Memo Item
State: NY	District:	

Full Name (Last, First, Middle Initial) <b>C. Andre Carson For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017
Mailing Address P.O. Box 1863		FEC Identification Number C C00442921 <b>Transaction ID : 23881274</b>
City Indianapolis	State IN	Zip Code 46206
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Carson, Andre, , Rep.,</b>		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: IN	District: 07	

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

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

3000.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Pope For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2017
Mailing Address PO Box 11711		FEC Identification Number C00632505 <b>Transaction ID : 23881280</b>
City Rock Hill	State SC	Zip Code 29731
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Pope, Tommy, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: SC District: 05	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2017	

Full Name (Last, First, Middle Initial) <b>B. Pope For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2017
Mailing Address PO Box 11711		FEC Identification Number C00632505 <b>Transaction ID : 23881281</b>
City Rock Hill	State SC	Zip Code 29731
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Pope, Tommy, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: SC District: 05	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2017	

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Barrasso</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address PO Box 52008		FEC Identification Number C00436386 <b>Transaction ID : 23885070</b>
City Casper	State WY	Zip Code 82605
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1500.00 Contribution
Candidate Name <b>Barrasso, John, A., Sen., MD</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: WY District:	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> 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) <b>A. Deb Fischer For U.S. Senate, Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address 5555 South St		FEC Identification Number C00498907 <b>Transaction ID : 23885123</b>
City Lincoln	State NE	Zip Code 68506
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name <b>Fischer, Deb, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: NE	District:	

Full Name (Last, First, Middle Initial) <b>B. Jeff Flake For U.S. Senate, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address PO Box 12512		FEC Identification Number C00347260 <b>Transaction ID : 23885125</b>
City Tempe	State AZ	Zip Code 85284
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name <b>Flake, Jeff, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: AZ	District:	

Full Name (Last, First, Middle Initial) <b>C. Hatch Election Committee Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address PO Box 3986		FEC Identification Number C00104752 <b>Transaction ID : 23885153</b>
City Washington	State DC	Zip Code 20027
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name <b>Hatch, Orrin, Grant, Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: UT	District:	

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Heller For Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Heller, Dean, , Sen.,**

Office Sought:  House  Senate  President  
State: NV District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number  
C00494229  
**Transaction ID : 23885157**  
Amount of Each Disbursement this Period  
2000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wicker For Senate**

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Wicker, Roger, F., Sen.,**

Office Sought:  House  Senate  President  
State: MS District:

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number  
C00443218  
**Transaction ID : 23885161**  
Amount of Each Disbursement this Period  
2000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Comstock For Congress**

Mailing Address PO Box 831

City Mc Lean State VA Zip Code 22101

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Comstock, Barbara, J., Rep.,**

Office Sought:  House  Senate  President  
State: VA District: 10

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number  
C00554261  
**Transaction ID : 23885231**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

**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) <b>A. Donovan For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address PO Box 60530		FEC Identification Number C C00571869 <b>Transaction ID : 23885232</b>
City Staten Island	State NY	Zip Code 10306
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 3000.00 Contribution
Candidate Name <b>Donovan, Daniel, M., Rep., Jr.</b>	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: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Ted Lieu For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address 16633 Ventura Blvd # 1008		FEC Identification Number C C00556506 <b>Transaction ID : 23885233</b>
City Encino	State CA	Zip Code 91436
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1500.00 Contribution
Candidate Name <b>Lieu, Ted, W., Rep.,</b>	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: CA	District: 33	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Lofgren For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address C/O Contribution Solutions, LLC 1346 The Alameda, Ste. 7-380		FEC Identification Number C C00289603 <b>Transaction ID : 23885234</b>
City San Jose	State CA	Zip Code 95126
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Lofgren, Zoe, , Rep.,</b>	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: CA	District: 19	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5500.00
<b>TOTAL</b> 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) <b>A. Alan Lowenthal For Congress</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address 16633 Ventura Blvd # 1008			FEC Identification Number C C00498212 <b>Transaction ID : 23885237</b>	
City Encino	State CA	Zip Code 91436	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Lowenthal, Alan, , Rep., PhD</b>		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: CA	District: 47			

Full Name (Last, First, Middle Initial) <b>B. BADGERPAC</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address P.O. Box 184			FEC Identification Number C C00382242 <b>Transaction ID : 23885239</b>	
City La Crosse	State WI	Zip Code 54602	Amount of Each Disbursement this Period 5000.00 2017 Contribution	
Purpose of Disbursement 2017 Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>BADGERPAC</b>		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. VINEPAC: Victory in November Election PAC</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address 700 Thirteenth Street, NW Suite 600			FEC Identification Number C C00378695 <b>Transaction ID : 23885240</b>	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 5000.00 2017 Contribution	
Purpose of Disbursement 2017 Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>VINEPAC: Victory in November Election PAC</b>		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

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

11000.00

**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. Robin Kelly For Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Kelly, Robin, , Rep.,**

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number

**C** C00539866

**Transaction ID : 23885244**

Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Great Lakes PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2017 Contribution

**011**  
Category/  
Type

Candidate Name  
**Great Lakes PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number

**C** C00375584

**Transaction ID : 23885246**

Amount of Each Disbursement this Period  
5000.00  
2017 Contribution

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Cleaver For Congress**

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Cleaver, Emanuel, , Rep., II**

Office Sought:  House  
 Senate  
 President  
State: MO District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number

**C** C00395848

**Transaction ID : 23885247**

Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

**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. Friends Of Chris Smith**

Mailing Address PO Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Smith, Christopher, H., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NJ District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number

C C00096412

**Transaction ID : 23885248**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jaime For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Herrera-Beutler, Jaime, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WA District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2017

FEC Identification Number

C C00472704

**Transaction ID : 23897594**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Higgins For Congress**

Mailing Address P.O. Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Higgins, Brian, M., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 26

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2017

FEC Identification Number

C C00401034

**Transaction ID : 23897595**

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Immigration Reform Fund</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address 5310 W. Cullom Avenue		FEC Identification Number C00530816 <b>Transaction ID : 23897599</b>
City Chicago	State IL	Zip Code 60641
Purpose of Disbursement 2017 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Immigration Reform Fund</b>		2017 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:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Victory Now!</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address 10605 Concord Street Suite 202		FEC Identification Number C00416743 <b>Transaction ID : 23897605</b>
City Kensington	State MD	Zip Code 20895
Purpose of Disbursement 2017 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Victory Now!</b>		2017 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:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Kevin McCarthy For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address PO Box 12667		FEC Identification Number C00420935 <b>Transaction ID : 23897606</b>
City Bakersfield	State CA	Zip Code 93389
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>McCarthy, Kevin, , Rep.,</b>		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: CA District: 23	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> 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) <b>A. Majority Committee PAC</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address PO Box 10134		FEC Identification Number C00428052 <b>Transaction ID : 23897607</b>
City Bakersfield	State CA	Zip Code 93389
Purpose of Disbursement 2017 Contribution		Amount of Each Disbursement this Period 5000.00 2017 Contribution
Candidate Name <b>Majority Committee PAC</b>		<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) <b>B. Citizens To Elect Rick Larsen</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address PO Box 326		FEC Identification Number C00345546 <b>Transaction ID : 23897610</b>
City Everett	State WA	Zip Code 98206
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Larsen, Rick, , Rep.,</b>		<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: WA District: 02		

Full Name (Last, First, Middle Initial) <b>C. LoBiondo For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address P. O. Box 550		FEC Identification Number C00269340 <b>Transaction ID : 23897734</b>
City Vineland	State NJ	Zip Code 08362
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>LoBiondo, Frank, A., Rep.,</b>		<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: NJ District: 02		

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

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

7000.00



**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**

**A. DelBene For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement Contribution

Candidate Name  
**DelBene, Suzan, , Rep.,**

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

State: WA District: 01

Date of Disbursement: 05 / 30 / 2017

FEC Identification Number: C00459099  
**Transaction ID : 23897739**

Amount of Each Disbursement this Period: 1000.00  
Contribution

Memo Item

**B. Coffman For Congress 2018**

Full Name (Last, First, Middle Initial)  
Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement Contribution

Candidate Name  
**Coffman, Mike, , Rep.,**

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

State: CO District: 06

Date of Disbursement: 05 / 02 / 2017

FEC Identification Number: C00629287  
**Transaction ID : 23923168**

Amount of Each Disbursement this Period: 1000.00  
Contribution

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:   
Contribution

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	78500.00