

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

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

ADDRESS (number and street) 1215 K Street, Suite 800

Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00237495 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2014 through 08 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas W. Hiltachk

Signature of Treasurer Thomas W. Hiltachk [Electronically Filed] Date 09 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

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="2014"/>	<input type="text" value="41955.79"/>	<input type="text" value="41955.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="84765.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14082.44"/>	<input type="text" value="261445.99"/>
(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="98848.00"/>	<input type="text" value="303401.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25442.76"/>	<input type="text" value="229996.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73405.24"/>	<input type="text" value="73405.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13185.44	241634.40
(ii) Unitemized	897.00	19811.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14082.44	261445.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14082.44	261445.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	14082.44	261445.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14082.44	261445.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	442.76	4996.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	442.76	4996.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	25000.00	225000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	25442.76	229996.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25442.76	229996.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14082.44	261445.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14082.44	261445.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	442.76	4996.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	442.76	4996.54

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

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

FOR LINE NUMBER: PAGE 6 OF 63
(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)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial)
A. Alicia Munoz

Mailing Address 5575 Ruffin Rd
 Ste 225

City San Diego State CA Zip Code 92123

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

Name of Employer Hospital Association of San Diego and
 Occupation Vice President, Quality and Patient Sa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 562.50

Date of Receipt
 08 / 05 / 2014
Transaction ID : INCA12424

Amount of Each Receipt this Period
 187.50

Full Name (Last, First, Middle Initial)
B. Michael Rembis

Mailing Address 501 South Buena Vista Street

City Burbank State CA Zip Code 91505

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

Name of Employer Providence Saint Joseph Medical Center
 Occupation Chief Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1687.50

Date of Receipt
 08 / 07 / 2014
Transaction ID : INCA12417

Amount of Each Receipt this Period
 312.50

Full Name (Last, First, Middle Initial)
C. Gary Herbst

Mailing Address 400 West Mineral King Avenue

City Visalia State CA Zip Code 93291

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

Name of Employer Kaweah Delta Medical Center
 Occupation Senior Vice President/Chief Financial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 694.45

Date of Receipt
 08 / 08 / 2014
Transaction ID : INCA12416

Amount of Each Receipt this Period
 138.89

SUBTOTAL of Receipts This Page (optional)..... ▶ 638.89

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 63
	<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
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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Paul Rains
 Full Name (Last, First, Middle Initial)
 Mailing Address 2510 North California Street
 City Stockton State CA Zip Code 95204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph's Behavioral Health Center Occupation President, Behavioral Medicine/Psychia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 694.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : INCA12421
 Amount of Each Receipt this Period
 138.89

B. Sara Steinhoffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8695 Spectrum Center Blvd
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp HealthCare Occupation Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 954.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2014
Transaction ID : INCA12420
 Amount of Each Receipt this Period
 136.36

C. Gary Rapaport
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Lone Tree Way
 City Antioch State CA Zip Code 94509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Delta Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : INCA12415
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	400.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Terri Cammarano			Date of Receipt
Mailing Address One Hoag Drive			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA12427
Newport Beach	CA	92658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="750.00"/>
Name of Employer	Occupation		
Hoag Memorial Hospital Presbyterian	Vice President/Chief Legal Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Charles Harrison			Date of Receipt
Mailing Address Post Office Box 70			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA12430
Lake Arrowhead	CA	92352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
San Bernardino Mountains Community Hos	Chief Executive Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Cheryl Jacob			Date of Receipt
Mailing Address 24451 Health Center Drive			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA12425
Laguna Hills	CA	92653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Saddleback Memorial Medical Center	Chief Operating Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 9 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial)
A. Deborah Kania

Mailing Address 2600 L Street

City State Zip Code
 Sacramento CA 95816

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

Name of Employer Occupation
 Sutter Oaks Nursing Center - Midtown Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 15 / 2014
Transaction ID : INCA12423

Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
B. Luke Tharasri

Mailing Address 2701 South Bristol Street

City State Zip Code
 Santa Ana CA 92704

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

Name of Employer Occupation
 Coastal Communities Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 08 / 15 / 2014
Transaction ID : INCA12429

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Karen Price-Gharzeddine

Mailing Address 438 West Las Tunas Drive

City State Zip Code
 San Gabriel CA 91776

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

Name of Employer Occupation
 San Gabriel Valley Medical Center Chief Operating Officer/Chief Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 08 / 19 / 2014
Transaction ID : INCA12491

Amount of Each Receipt this Period
 156.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 1006.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Dimitrios Alexiou		Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 3993 Jurupa Avenue Suite 105		Transaction ID : INCA12478
City Riverside	State CA	Zip Code 92506
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 138.00
Name of Employer HASC - Inland Area	Occupation Regional Vice President, Inland Area	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1086.00	

Full Name (Last, First, Middle Initial) B. Judy Ascenzi		Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 515 S Figueroa St		Transaction ID : INCA12441
City Los Angeles	State CA	Zip Code 90071
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 46.00
Name of Employer Hospital Association of Southern Calif	Occupation Program Director, Administrative Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.00	

Full Name (Last, First, Middle Initial) C. Lynne Ashbeck		Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 1625 East Shaw Avenue Suite 139		Transaction ID : INCA12467
City Fresno	State CA	Zip Code 93710
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 138.00
Name of Employer HCNCC - Central Coast, Fresno/Madera,	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional).....▶	322.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA11AI

Transaction ID : INCA12478

Intermediary: HASC - Inland Area 3993 Jurupa Avenue, Suite 105 Riverside, CA 92506

Form/Schedule: SA11AI

Transaction ID: INCA12441

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12467

Intermediary: HCNCC - Central Coast, Fresno/Madera, Kern/Eastern Sierra and Tulare/Kings Sections 1625 E Shaw Ave, Ste 139 Fresno, CA 93710

Form/Schedule:

Transaction ID:

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12440

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule: SA11AI

Transaction ID: INCA12437

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12459

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule:

Transaction ID:

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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Patricia Blaisdell			Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 1215 K St			Transaction ID : INCA12466
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 110.00
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association	Occupation Vice President, Post Acute Care Servic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00		

Full Name (Last, First, Middle Initial) B. Gail Blanchard-Saiger			Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 1215 K Street Suite 800			Transaction ID : INCA12465
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 74.00
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association	Occupation Vice President, Labor/Employment		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.50		

Full Name (Last, First, Middle Initial) C. Tracy Campbell			Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 1215 K St			Transaction ID : INCA12469
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association	Occupation Vice President, Public Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

SUBTOTAL of Receipts This Page (optional).....▶	304.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12466

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12465

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12469

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 19 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Joan Cardellino		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>22</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	22	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	22	/	2014								
Mailing Address 1215 K St Suite 800		Transaction ID : INCA12460										
City Sacramento	State CA	Zip Code 95814										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00										
Name of Employer California Hospital Association	Occupation Director, Volunteer Services											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.00											

Full Name (Last, First, Middle Initial) B. Laurel Chavez		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>22</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	22	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	22	/	2014								
Mailing Address 1215 K St Ste 730		Transaction ID : INCA12476										
City Sacramento	State CA	Zip Code 95814										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00										
Name of Employer Hospital Council of Northern and Centr	Occupation Director, Operations											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 561.00											

Full Name (Last, First, Middle Initial) C. Jo Coffaro		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>22</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	22	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	22	/	2014								
Mailing Address 877 Ygnacio Valley Rd Ste 210		Transaction ID : INCA12481										
City Walnut Creek	State CA	Zip Code 94596										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.00										
Name of Employer HCNCC - Monterey Bay, San Mateo and Sa	Occupation Regional Vice President											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 893.00											

SUBTOTAL of Receipts This Page (optional).....▶	224.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12460

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12476

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12481

Intermediary: HCNCC - Monterey Bay, San Mateo and Santa Clara Sections 815 Pollard Road, Room 215 Los Gatos, CA 95032

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Connie Delgado			Date of Receipt 08 / 22 / 2014 Transaction ID : INCA12455
Mailing Address 1215 K St			Amount of Each Receipt this Period 132.00
City Sacramento	State CA	Zip Code 95814	
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association	Occupation Deputy Chief Legislative Advocate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1104.00		

Full Name (Last, First, Middle Initial) B. James Dover			Date of Receipt 08 / 22 / 2014 Transaction ID : INCA12475
Mailing Address 2105 Forest Avenue			Amount of Each Receipt this Period 375.00
City San Jose	State CA	Zip Code 95128	
FEC ID number of contributing federal political committee. C			
Name of Employer O'Connor Hospital	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.50		

Full Name (Last, First, Middle Initial) C. Jeff Eller			Date of Receipt 08 / 22 / 2014 Transaction ID : INCA12434
Mailing Address 1000 Greenley Road			Amount of Each Receipt this Period 750.00
City Sonora	State CA	Zip Code 95370	
FEC ID number of contributing federal political committee. C			
Name of Employer Sonora Regional Medical Center/Adventi	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional).....▶	1257.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12455

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Daryn Kumar
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Coffee Road

City Modesto State CA Zip Code 95355

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

Name of Employer Memorial Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 22 / 2014

Transaction ID : INCA12474

Amount of Each Receipt this Period 750.00

B. Lynn Forsey
Full Name (Last, First, Middle Initial)

Mailing Address 300 Pasteur Drive

City Palo Alto State CA Zip Code 94305

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

Name of Employer Marin General Hospital Occupation Program Director, Nurse Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 23 / 2014

Transaction ID : INCA12497

Amount of Each Receipt this Period 56.25

C. Edward Palacios
Full Name (Last, First, Middle Initial)

Mailing Address 7173 North Sharon Avenue

City Fresno State CA Zip Code 93720

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

Name of Employer San Joaquin Valley Rehabilitation Hosp Occupation Regional Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 818.20

Date of Receipt 08 / 23 / 2014

Transaction ID : INCA12487

Amount of Each Receipt this Period 170.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 976.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Judith Yates		Date of Receipt MM / DD / YYYY 08 / 23 / 2014
Mailing Address 5575 Ruffin Road Suite 225		Transaction ID : INCA12494
City San Diego	State CA	Zip Code 92123
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer Hospital Association of San Diego and	Occupation Vice President/Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dietmar Grellmann		Date of Receipt MM / DD / YYYY 08 / 24 / 2014
Mailing Address 1215 K Street Suite 800		Transaction ID : INCA12495
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 166.67
Name of Employer California Hospital Association	Occupation Senior Vice President, Managed Care/Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

Full Name (Last, First, Middle Initial) C. Mary Contreras		Date of Receipt MM / DD / YYYY 08 / 27 / 2014
Mailing Address 789 North Medical Center Drive Eas		Transaction ID : INCA12496
City Clovis	State CA	Zip Code 93611
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 312.50
Name of Employer Community Medical Centers	Occupation Senior Vice President/Chief Nursing Of	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 937.50	

SUBTOTAL of Receipts This Page (optional).....▶	604.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Beth Eichenberger
Full Name (Last, First, Middle Initial)
Mailing Address 329 Birchwood Dr.
City Moraga State CA Zip Code 94556
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente Hayward/Fremont Medi Occupation Serve Director, MCH
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **875.00**

Date of Receipt **08 / 27 / 2014**
Transaction ID : INCA12490
Amount of Each Receipt this Period **125.00**

B. Kathleen Harren
Full Name (Last, First, Middle Initial)
Mailing Address 4101 Torrance Boulevard
City Torrance State CA Zip Code 90503
FEC ID number of contributing federal political committee. **C**
Name of Employer Providence Little Company of Mary Medi Occupation Chief Nursing Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **937.50**

Date of Receipt **08 / 27 / 2014**
Transaction ID : INCA12488
Amount of Each Receipt this Period **312.50**

C. Irene Kawashima
Full Name (Last, First, Middle Initial)
Mailing Address 6748 N. Ruthlee Avenue
City San Gabriel State CA Zip Code 91775
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente Southern California Occupation Education Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 27 / 2014**
Transaction ID : INCA12492
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **687.50**
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 27 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Myra Lang			Date of Receipt		
Mailing Address 310 Michelle Lane			M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014		
City State Zip Code Daly City BC 94015			Transaction ID : INCA12498		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 375.00		
Name of Employer Stanford Hospital and Clinics		Occupation Patient Care Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1125.00			

Full Name (Last, First, Middle Initial) B. Todd Suntrapak			Date of Receipt		
Mailing Address 9300 Valley Childrens Place			M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014		
City State Zip Code Madera CA 93636			Transaction ID : INCA12489		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00		
Name of Employer Children's Hospital Central California		Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

Full Name (Last, First, Middle Initial) C. Cathleen Collins			Date of Receipt		
Mailing Address 27700 Medical Center Road			M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2014		
City State Zip Code Mission Viejo CA 92691			Transaction ID : INCA12493		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 187.50		
Name of Employer Mission Hospital		Occupation Chief Development Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 562.50			

SUBTOTAL of Receipts This Page (optional).....▶	662.50
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 28 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Matthew Rees
Full Name (Last, First, Middle Initial)

Mailing Address 43563 State Highway 299 East

City Fall River Mills	State CA	Zip Code 96028
--------------------------	-------------	-------------------

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

Name of Employer Mayers Memorial Hospital District	Occupation Chief Executive Officer
-------------------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.36**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2014

Transaction ID : INCA12499

Amount of Each Receipt this Period

104.17

B. Janet Emerson-Shea
Full Name (Last, First, Middle Initial)

Mailing Address 1215 K St

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

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

Name of Employer California Hospital Association	Occupation Vice President, External Affairs
-----------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	29	/	2014

Transaction ID : INCA12454

Amount of Each Receipt this Period

120.00

C. William Emmerson D.D.S.
Full Name (Last, First, Middle Initial)

Mailing Address 1215 K St
800

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

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

Name of Employer California Hospital Association	Occupation Senior Vice President, State Relations
-----------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1305.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	29	/	2014

Transaction ID : INCA12447

Amount of Each Receipt this Period

174.00

SUBTOTAL of Receipts This Page (optional).....▶	398.17
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12454

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12447

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Martin Gallegos		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St		Transaction ID : INCA12451
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 138.00	
Name of Employer California Hospital Association	Occupation Senior Vice President/Chief Legislativ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1139.00	

Full Name (Last, First, Middle Initial) B. Lori Gee		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K Street Suite 800		Transaction ID : INCA12479
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer California Hospital Association	Occupation Administrative Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Delma Giroski		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St 800		Transaction ID : INCA12483
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 66.00	
Name of Employer California Hospital Association	Occupation Human Resources Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.00	

SUBTOTAL of Receipts This Page (optional).....▶	232.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12451

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule: SA11AI

Transaction ID: INCA12479

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12483

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

**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 63
<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

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Barbara Glaser		Date of Receipt
Mailing Address 1215 K St		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA12446
Name of Employer	Occupation	Amount of Each Receipt this Period
California Hospital Association	Senior Legislative Advocate	<input type="text" value="110.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="920.00"/>	

Full Name (Last, First, Middle Initial) B. Teri Hollingsworth		Date of Receipt
Mailing Address 515 S Figueroa St		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Los Angeles	CA	90071
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA12443
Name of Employer	Occupation	Amount of Each Receipt this Period
Hospital Association of Southern Calif	Vice President, Human Resource Service	<input type="text" value="82.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="618.00"/>	

Full Name (Last, First, Middle Initial) C. Megan Howard		Date of Receipt
Mailing Address 499 S Capitol St SW Ste 410		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA12477
Name of Employer	Occupation	Amount of Each Receipt this Period
California Hospital Association	Federal Relations Coordinator and Poli	<input type="text" value="44.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="236.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12446

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12443

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12477

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Cheri Hummel		Date of Receipt
Mailing Address 1215 K st 800		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA12464
Name of Employer California Hospital Association		Amount of Each Receipt this Period
Occupation Vice President, Disaster Preparedness		<input type="text" value="110.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="2075.00"/>		

Full Name (Last, First, Middle Initial) B. Brian Jensen		Date of Receipt
Mailing Address 1215 K St Ste 730		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA12486
Name of Employer Hospital Council of Northern and Centr		Amount of Each Receipt this Period
Occupation Regional Vice President		<input type="text" value="114.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1212.00"/>		

Full Name (Last, First, Middle Initial) C. Alyssa Keefe		Date of Receipt
Mailing Address 499 S Capitol St SW Ste 410		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA12480
Name of Employer California Hospital Association		Amount of Each Receipt this Period
Occupation VP, Federal Regulatory Affairs		<input type="text" value="110.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="920.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="334.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12464

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12486

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12480

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Amber Kemp		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St 800		Transaction ID : INCA12485
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 132.00	
Name of Employer California Hospital Association	Occupation Vice President, Health Care Coverage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Sheree Kruckenberg		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St		Transaction ID : INCA12456
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 168.00	
Name of Employer California Hospital Association	Occupation Vice President, Behavioral Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 954.00	

Full Name (Last, First, Middle Initial) C. Cathy Martin		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St Suite 800		Transaction ID : INCA12472
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 110.00	
Name of Employer California Hospital Association	Occupation Director, Workforce Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

SUBTOTAL of Receipts This Page (optional).....▶	410.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12485

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12456

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12472

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 42 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Anne McLeod			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	9		2	0	1	4														
Mailing Address 1215 K St			Transaction ID : INCA12458																				
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>7</td><td>4</td><td>8</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	7	4	8	.	0	0													
1	7	4	8	.	0	0																	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1</td><td>4</td><td>7</td><td>8</td><td>.</td><td>0</td><td>0</td> </tr> </table>		1	4	7	8	.	0	0													
1	4	7	8	.	0	0																	
Name of Employer California Hospital Association		Occupation Senior Vice President, Health Policy																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) B. Liz Mekjavich			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	9		2	0	1	4														
Mailing Address 1215 K St			Transaction ID : INCA12438																				
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period <table border="1"> <tr> <td>6</td><td>6</td><td>.</td><td>0</td><td>0</td> </tr> </table>	6	6	.	0	0															
6	6	.	0	0																			
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>6</td><td>4</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table>		6	4	5	.	0	0														
6	4	5	.	0	0																		
Name of Employer California Hospital Association		Occupation Director, Education																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) C. Suzanne Ness			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	9		2	0	1	4														
Mailing Address 1215 K St Suite 730			Transaction ID : INCA12463																				
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>3</td><td>8</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	3	8	.	0	0														
1	3	8	.	0	0																		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1</td><td>0</td><td>8</td><td>.</td><td>0</td><td>0</td> </tr> </table>		1	0	8	.	0	0														
1	0	8	.	0	0																		
Name of Employer Hospital Council of Northern and Centr		Occupation Regional Vice President																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>3</td><td>7</td><td>8</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	7	8	.	0	0
3	7	8	.	0	0		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12458

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12438

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12463

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Jennifer Newman		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : INCA12453
Mailing Address 1215 K St		Amount of Each Receipt this Period 132.00
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		
Name of Employer California Hospital Association	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1104.00	

Full Name (Last, First, Middle Initial) B. Anne O'Rourke		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : INCA12452
Mailing Address 499 S Capitol St SW		Amount of Each Receipt this Period 132.00
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		
Name of Employer California Hospital Association	Occupation Senior Vice President, Federal Relatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1104.00	

Full Name (Last, First, Middle Initial) C. Amber Ott		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : INCA12482
Mailing Address 1215 K St 800		Amount of Each Receipt this Period 110.00
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		
Name of Employer California Hospital Association	Occupation Vice President, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

SUBTOTAL of Receipts This Page (optional).....▶	374.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12453

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12452

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12482

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. David Perrott		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Mailing Address 1215 K St 800		Transaction ID : INCA12433
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 138.00
Name of Employer California Hospital Association	Occupation Senior Vice President/Chief Medical Of	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1087.00	

Full Name (Last, First, Middle Initial) B. Julie Reppas		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Mailing Address 1215 K St		Transaction ID : INCA12449
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer California Hospital Association	Occupation Vice President, Human Resources/Admini	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Full Name (Last, First, Middle Initial) C. Ana Reza		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Mailing Address 12397 Lewis Street 201		Transaction ID : INCA12439
City Garden Grove	State CA	Zip Code 92840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.00
Name of Employer Hospital Association of Southern Calif	Occupation Vice President, Public Resources, CHIP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00	

SUBTOTAL of Receipts This Page (optional).....▶	362.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12433

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12449

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12439

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Roger Richter		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St Suite 800		Transaction ID : INCA12444
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 120.00
Name of Employer California Hospital Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. Nancy Robinson		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St Ste 800		Transaction ID : INCA12448
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 66.00
Name of Employer California Hospital Association	Occupation Executive Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 552.00	

Full Name (Last, First, Middle Initial) C. Tanya Robinson-Taylor		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St 800		Transaction ID : INCA12471
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 110.00
Name of Employer California Hospital Association	Occupation Legislative Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

SUBTOTAL of Receipts This Page (optional).....▶	296.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12444

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12448

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12471

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Rebecca Rozen		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 877 Ygnacio Valley Road Suite 210		Transaction ID : INCA12445
City Walnut Creek	State CA	Zip Code 94596
FEC ID number of contributing federal political committee.	C	
Name of Employer HCNCC - East Bay Section	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	
		Amount of Each Receipt this Period 138.00

Full Name (Last, First, Middle Initial) B. Julia Slininger		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 515 S Figueroa St Suite 1300		Transaction ID : INCA12468
City Los Angeles	State CA	Zip Code 90071
FEC ID number of contributing federal political committee.	C	
Name of Employer Hospital Association of Southern Calif	Occupation Director, Quality/Performance Improvem	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 908.00	
		Amount of Each Receipt this Period 120.00

Full Name (Last, First, Middle Initial) C. Art Sponseller		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K St Suite 730		Transaction ID : INCA12435
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	C	
Name of Employer Hospital Council of Northern and Centr	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	
		Amount of Each Receipt this Period 138.00

SUBTOTAL of Receipts This Page (optional).....▶	396.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12445

Intermediary: HCNCC - East Bay Section 3480 Buskirk Ave, Ste 205 Pleasant Hill, CA 94523

Form/Schedule: SA11AI

Transaction ID: INCA12468

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12435

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Lois Suder			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Mailing Address 1215 K St			Transaction ID : INCA12450
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 174.00
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association	Occupation Executive Vice President/Chief Operati		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1305.00		

Full Name (Last, First, Middle Initial) B. Jill Thomson			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Mailing Address 1215 K St 800			Transaction ID : INCA12484
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 138.00
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association	Occupation Executive Director, CHPAC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00		

Full Name (Last, First, Middle Initial) C. Pat Wall			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Mailing Address 515 S. Figueroa Street Suite 1300			Transaction ID : INCA12436
City Los Angeles	State CA	Zip Code 90071	Amount of Each Receipt this Period 114.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital Association of Southern Calif	Occupation Vice President, Membership/Education S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 908.00		

SUBTOTAL of Receipts This Page (optional).....▶	426.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12450

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA12484

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12436

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 60 OF 63
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Peggy Wheeler			Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 1215 K Street Suite 800			Transaction ID : INCA12461
City Sacramento	State CA	Zip Code 95814	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 144.00	
Name of Employer California Hospital Association	Occupation Vice President, Rural Healthcare/Gover	Aggregate Year-to-Date 1056.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B.			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C.			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	144.00
TOTAL This Period (last page this line number only).....▶	13185.44

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA12461

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB12501

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Transfirst Epayment Services

Mailing Address 12120 Shamrock Plaza, Suite 100

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB12502

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial)

A. Political Action Committee of the American Hospital Assn

Date of Disbursement

Mailing Address 325 Seventh Street, N.W.

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2014

City Washington State DC Zip Code 20004

Transaction ID : EXPB12500

Purpose of Disbursement
Transfer to Affiliated Committee FEC ID# C0010646

24G
Category/ Type

Amount of Each Disbursement this Period

25000.00

Candidate Name

Political Action Committee of the American Hospital Assn

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

25000.00

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

25000.00
