

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

2. FEC IDENTIFICATION NUMBER C C00237495 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (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) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) [X] Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (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 03 / 01 / 2012 through 03 / 31 / 2012

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 Charles H. Bell, Jr.

Signature of Treasurer Charles H. Bell, Jr. [Electronically Filed] Date 04 / 11 / 2012

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

**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="2012"/>	<input type="text" value="19983.55"/>	<input type="text" value="19983.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45843.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29356.28"/>	<input type="text" value="106553.89"/>
(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="75199.35"/>	<input type="text" value="126537.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="51200.09"/>	<input type="text" value="102538.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23999.26"/>	<input type="text" value="23999.26"/>
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).....	26787.64	100119.83
(ii) Unitemized	2568.64	6434.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29356.28	106553.89
(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)	29356.28	106553.89
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))..... ▶	29356.28	106553.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29356.28	106553.89

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	1200.09	2538.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1200.09	2538.18
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	50000.00	100000.00
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)) ..	51200.09	102538.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51200.09	102538.18

DETAILED SUMMARY PAGE
of Disbursements

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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)	29356.28	106553.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29356.28	106553.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1200.09	2538.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1200.09	2538.18

**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 79
<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)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. William Caswell
Full Name (Last, First, Middle Initial)
Mailing Address 393 E Walnut St
City Pasadena State CA Zip Code 91188
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente Southern California Occupation Senior Vice President, Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 01 / 2012
Transaction ID : INCA9916
Amount of Each Receipt this Period 1250.00

B. Anthony Chavis
Full Name (Last, First, Middle Initial)
Mailing Address 23625 Holman Hwy
City Monterey State CA Zip Code 93940
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Hospital of the Monterey Pen Occupation Vice President, Medical Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2012
Transaction ID : INCA9906
Amount of Each Receipt this Period 500.00

C. Jeanne Flores
Full Name (Last, First, Middle Initial)
Mailing Address 8700 Beverly Boulevard
City Los Angeles State CA Zip Code 90048
FEC ID number of contributing federal political committee. **C**
Name of Employer Cedars-Sinai Medical Center Occupation Senior Vice President, Human Resources
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2012
Transaction ID : INCA9907
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Richard Jacobs		Date of Receipt MM / DD / YYYY 03 / 01 / 2012 Transaction ID : INCA9911
Mailing Address 8700 Beverly Blvd. Suite 2622		Amount of Each Receipt this Period 1500.00
City Los Angeles	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. C	Name of Employer Cedars-Sinai Medical Center	Occupation Senior Vice President, System Developm
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Sara Steinhoffer		Date of Receipt MM / DD / YYYY 03 / 01 / 2012 Transaction ID : INCA9913
Mailing Address 8695 Spectrum Center Blvd		Amount of Each Receipt this Period 125.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jim Suver		Date of Receipt MM / DD / YYYY 03 / 01 / 2012 Transaction ID : INCA9908
Mailing Address 1081 North China Lake Boulevard		Amount of Each Receipt this Period 104.17
City Ridgecrest	State CA	Zip Code 93555
FEC ID number of contributing federal political committee. C	Name of Employer Ridgecrest Regional Hospital	Occupation Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	

SUBTOTAL of Receipts This Page (optional).....▶	1729.17
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 8 OF 79
<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. Laura Zehm		Date of Receipt
Mailing Address 23625 Holman Hwy		M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2012
City Monterey	State CA	Zip Code 93940
FEC ID number of contributing federal political committee. C		Transaction ID : INCA9910
Name of Employer Community Hospital of the Monterey Pen		Amount of Each Receipt this Period
Occupation Vice President		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) B. Jim Lott		Date of Receipt
Mailing Address 515 S. Figueroa Street Suite 1300		M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2012
City Los Angeles	State CA	Zip Code 90071
FEC ID number of contributing federal political committee. C		Transaction ID : INCA9934
Name of Employer Hospital Association of Southern Calif		Amount of Each Receipt this Period
Occupation Executive Vice President, Health Care		132.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		330.00

Full Name (Last, First, Middle Initial) C. Anne McLeod		Date of Receipt
Mailing Address 1215 K St		M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2012
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Transaction ID : INCA9949
Name of Employer California Hospital Association		Amount of Each Receipt this Period
Occupation Senior Vice President, Health Policy		154.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		385.00

SUBTOTAL of Receipts This Page (optional).....▶	786.00
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 : INCA9934

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

Form/Schedule: SA11AI

Transaction ID: INCA9949

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 10 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Suzanne Ness
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 K St
 Suite 730
 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 Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : INCA9954
 Amount of Each Receipt this Period
 138.00

B. Jennifer Newman
 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 Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : INCA9945
 Amount of Each Receipt this Period
 110.00

C. Anne O'Rourke
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 S Capitol St SW
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : INCA9944
 Amount of Each Receipt this Period
 132.00

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 : INCA9954

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

Form/Schedule: SA11AI

Transaction ID: INCA9945

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 : INCA9944

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 13 OF 79
<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. David Perrott		Date of Receipt
Mailing Address 1215 K St 800		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA9929
Name of Employer California Hospital Association		Amount of Each Receipt this Period
Occupation Senior Vice President/Chief Medical Of		<input type="text" value="154.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="385.00"/>		

Full Name (Last, First, Middle Initial) B. Julie Reppas		Date of Receipt
Mailing Address 1215 K St		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA9942
Name of Employer California Hospital Association		Amount of Each Receipt this Period
Occupation Vice President, Human Resources/Admini		<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="228.00"/>		

Full Name (Last, First, Middle Initial) C. Roger Richter		Date of Receipt
Mailing Address 1215 K St Suite 800		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA9935
Name of Employer California Hospital Association		Amount of Each Receipt this Period
Occupation Executive Director		<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="275.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="378.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : INCA9929

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

Form/Schedule: SA11AI

Transaction ID: INCA9942

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 : INCA9935

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 16 OF 79
	<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. Michelle Rivas		Date of Receipt
Mailing Address 1215 K St 800		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA9976
Name of Employer	Occupation	Amount of Each Receipt this Period
California Hospital Association	CHPAC Executive Director	<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="275.00"/>	

Full Name (Last, First, Middle Initial) B. Rebecca Rozen		Date of Receipt
Mailing Address 877 Ygnacio Valley Road Suite 210		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Walnut Creek	CA	94596
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA9936
Name of Employer	Occupation	Amount of Each Receipt this Period
HCNCC - East Bay Section	Regional Vice President	<input type="text" value="138.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="276.00"/>	

Full Name (Last, First, Middle Initial) C. Scott Seamons		Date of Receipt
Mailing Address 1215 K Street Suite 730		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA9950
Name of Employer	Occupation	Amount of Each Receipt this Period
Hospital Council of Northern and Centr	Regional Vice President	<input type="text" value="138.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="276.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="386.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : INCA9976

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

Form/Schedule: SA11AI

Transaction ID: INCA9936

Intermediary: HCNC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596

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

Form/Schedule: SA11AI

Transaction ID : INCA9950

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 19 OF 79
	<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. Patty Haggen		Date of Receipt
Mailing Address 1601 Ygnacio Valley Road		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Walnut Creek	CA	94598
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA9958
Name of Employer	Occupation	Amount of Each Receipt this Period
John Muir Medical Center, Walnut Creek	Director, Rehabilitation Services	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) B. Debbie Walsh		Date of Receipt
Mailing Address 17100 Euclid Street		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fountain Valley	CA	92708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA9969
Name of Employer	Occupation	Amount of Each Receipt this Period
Fountain Valley Regional Hospital and	Chief Executive Officer	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. Martin Gallegos		Date of Receipt
Mailing Address 1215 K St		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA9926
Name of Employer	Occupation	Amount of Each Receipt this Period
California Hospital Association	Senior Vice President/Chief Legislativ	<input type="text" value="1442.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1827.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3692.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI

Transaction ID : INCA9926

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 21 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. James Whipple		Date of Receipt
Mailing Address 1100 Marshall Way		M M M / D D D / Y Y Y Y Y Y 03 / 10 / 2012
City Placerville	State CA	Zip Code 95667
FEC ID number of contributing federal political committee. C		Transaction ID : INCA9925
Name of Employer Marshall Medical Center		Amount of Each Receipt this Period
Occupation Administrator/CEO		113.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		227.28

Full Name (Last, First, Middle Initial) B. Allan Shubin		Date of Receipt
Mailing Address 531 West College Street		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2012
City Los Angeles	State CA	Zip Code 90012
FEC ID number of contributing federal political committee. C		Transaction ID : INCA9924
Name of Employer Pacific Alliance Medical Center		Amount of Each Receipt this Period
Occupation Chief Financial Officer		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) C. John Bishop		Date of Receipt
Mailing Address 24451 Health Center Dr		M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2012
City Laguna Hills	State CA	Zip Code 92653
FEC ID number of contributing federal political committee. C		Transaction ID : INCA9927
Name of Employer Saddleback Memorial Medical Center		Amount of Each Receipt this Period
Occupation Chief Financial Officer		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		250.00

SUBTOTAL of Receipts This Page (optional).....▶	863.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 Beverly Boulevard
 City Los Angeles State CA Zip Code 90048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars-Sinai Medical Center Occupation Vice President, Corporate Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2012
Transaction ID : INCA9951
 Amount of Each Receipt this Period
 1250.00

B. Thomas Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 Beverly Boulevard
 City Los Angeles State CA Zip Code 90048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars-Sinai Medical Center Occupation SVP, Medical Network Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2012
Transaction ID : INCA9928
 Amount of Each Receipt this Period
 1500.00

C. Matt Absher
 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 Vice President, Reimbursement Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : INCA9973
 Amount of Each Receipt this Period
 110.00

SUBTOTAL of Receipts This Page (optional).....▶	2860.00
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 : INCA9973

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 24 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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
Mailing Address 3993 Jurupa Avenue Suite 105			<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Riverside	State CA	Zip Code 92506	Transaction ID : INCA9972
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="110.00"/>
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 ▼ <input type="text" value="275.00"/>		

Full Name (Last, First, Middle Initial) B. Douglas Bagley			Date of Receipt
Mailing Address 26520 Cactus Avenue			<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Moreno Valley	State CA	Zip Code 92555	Transaction ID : INCA9940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Name of Employer Riverside County Regional Medical Cent	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>		

Full Name (Last, First, Middle Initial) C. Jim Barber			Date of Receipt
Mailing Address 515 S. Figueroa Street Suite 1300			<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Los Angeles	State CA	Zip Code 90071	Transaction ID : INCA9933
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="132.00"/>
Name of Employer Hospital Association of Southern Calif	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1742.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA9972

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

Form/Schedule: SA11AI

Transaction ID: INCA9933

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

**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 79
	<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. Mary Barker
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, Publishing and Educati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012

Transaction ID : INCA9931

Amount of Each Receipt this Period
 110.00

B. Patricia Blaisdell
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, Post Acute Care Servic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012

Transaction ID : INCA9959

Amount of Each Receipt this Period
 110.00

c. Tracy Campbell
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, Public Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012

Transaction ID : INCA9960

Amount of Each Receipt this Period
 110.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00

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 : INCA9931

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

Form/Schedule: SA11AI

Transaction ID: INCA9959

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 : INCA9960

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 29 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Colleen Collar
Full Name (Last, First, Middle Initial)

Mailing Address 8700 Beverly Blvd
Suite 2622

City West Hollywood State CA Zip Code 90048

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

Name of Employer Cedars-Sinai Health System Occupation Director, Licensing/Accreditation/Regu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
03 / 14 / 2012
Transaction ID : INCA9930

Amount of Each Receipt this Period
350.00

B. Connie Delgado
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 Deputy Chief Legislative Advocate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
03 / 14 / 2012
Transaction ID : INCA9947

Amount of Each Receipt this Period
132.00

C. Jana Du Bois
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 VP Legal Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
03 / 14 / 2012
Transaction ID : INCA9963

Amount of Each Receipt this Period
132.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 614.00

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 : INCA9947

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

Form/Schedule: SA11AI

Transaction ID: INCA9963

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 31 OF 79
	<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. Janet Emerson-Shea			Date of Receipt
Mailing Address 1215 K St			<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9946
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="110.00"/>
Name of Employer	Occupation		
California Hospital Association	Vice President, External Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Martin Gallegos			Date of Receipt
Mailing Address 1215 K St			<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9943
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="154.00"/>
Name of Employer	Occupation		
California Hospital Association	Senior Vice President/Chief Legislativ		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1827.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jaime Garcia			Date of Receipt
Mailing Address 515 S Figueroa St Suite 1300			<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9964
Los Angeles	CA	90071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="625.00"/>
Name of Employer	Occupation		
Hospital Association of Southern Calif	Regional Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="889.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : INCA9946

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

Form/Schedule: SA11AI

Transaction ID: INCA9943

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 33 OF 79
	<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. Barbara Glaser		Date of Receipt 03 / 14 / 2012 Transaction ID : INCA9939
Mailing Address 1215 K St		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 Senior Legislative Advocate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Doug Hitchcock		Date of Receipt 03 / 14 / 2012 Transaction ID : INCA9938
Mailing Address 1215 K St Suite 800		Amount of Each Receipt this Period 154.00
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C	Name of Employer California Hospital Association	Occupation Government Relations Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) C. Cheri Hummel		Date of Receipt 03 / 14 / 2012 Transaction ID : INCA9955
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, Disaster Preparedness
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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 : INCA9939

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

Form/Schedule: SA11AI

Transaction ID: INCA9938

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 : INCA9955

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 36 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alyssa Keefe
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 S Capitol St SW
 Ste 410
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Hospital Association Occupation VP, Federal Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : INCA9975
 Amount of Each Receipt this Period
 110.00

B. Sheree Kruckenberg
 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, Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : INCA9948
 Amount of Each Receipt this Period
 154.00

C. Cathy Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 K St
 Suite 800
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Hospital Association Occupation Director, Workforce Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : INCA9966
 Amount of Each Receipt this Period
 110.00

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 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SA11AI

Transaction ID : INCA9975

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

Form/Schedule: SA11AI

Transaction ID: INCA9948

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 : INCA9966

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 39 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ron Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Montgomery Street
 Suite 1158
 City San Francisco State CA Zip Code 94104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCNCC - North Bay and San Francisco Se
 Occupation Senior Vice President for Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : INCA9941
 Amount of Each Receipt this Period
 138.00

B. Michael Stanish
 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 Director Regional Policy Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : INCA9977
 Amount of Each Receipt this Period
 110.00

C. Peggy Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 K Street Suite 800
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Hospital Association
 Occupation Vice President, Rural Healthcare/Gover
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : INCA9952
 Amount of Each Receipt this Period
 132.00

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 : INCA9941

Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 94104

Form/Schedule: SA11AI

Transaction ID: INCA9977

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

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

Form/Schedule: SA11AI

Transaction ID : INCA9952

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 42 OF 79
	<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. Jennifer Wortham
Full Name (Last, First, Middle Initial)

Mailing Address 515 S Figueroa St
Suite 1300

City Los Angeles State CA Zip Code 90071

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

Name of Employer Institute for Performance Excellence Occupation Executive Director, IPE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt
03 / 14 / 2012
Transaction ID : INCA9980

Amount of Each Receipt this Period
138.00

B. Darren Dworkin
Full Name (Last, First, Middle Initial)

Mailing Address 8700 Beverly Boulevard

City Los Angeles State CA Zip Code 90048

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

Name of Employer Cedars-Sinai Medical Center Occupation Vice President/Chief Information Offic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 16 / 2012
Transaction ID : INCA9990

Amount of Each Receipt this Period
500.00

C. James Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 350 Terracina Boulevard

City Redlands State CA Zip Code 92373

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

Name of Employer Redlands Community Hospital Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
03 / 16 / 2012
Transaction ID : INCA9994

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2138.00

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 : INCA9980

Intermediary: Institute for Performance Excellence 301 E Colorado Blvd, Ste 802 Pasadena, CA 91101

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 44 OF 79
	<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. Larry Anderson			Date of Receipt
Mailing Address 4002 Vista Way			<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9988
Oceanside	CA	92056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="125.00"/>
Name of Employer	Occupation		
Tri-City Medical Center	Chief Executive Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Glyer			Date of Receipt
Mailing Address 147 North Brent Street			<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9993
Ventura	CA	93003	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		
Community Memorial Hospital	Vice President, Finance		
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. Dietmar Grellmann			Date of Receipt
Mailing Address 1215 K Street Suite 800			<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9985
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="145.83"/>
Name of Employer	Occupation		
California Hospital Association	Senior Vice President, Managed Care/Pr		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="437.49"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="770.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Arthur Ochoa
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 Beverly Blvd. North Tower
 Rm. 2416
 City Los Angeles State CA Zip Code 90048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars-Sinai Medical Center Occupation Senior Vice President, Community Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : INCA9989
 Amount of Each Receipt this Period
 250.00

B. Kathleen Sellick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Childrens Way
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rady Children's Hospital - San Diego Occupation President/CEO
 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
 03 / 20 / 2012
Transaction ID : INCA9987
 Amount of Each Receipt this Period
 125.00

C. Robin Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 10666 N Torrey Pines Road
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Green Hospital Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : INCA9984
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 79
	<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. Mark Gavens		Date of Receipt 03 / 24 / 2012 Transaction ID : INCA9986
Mailing Address 8700 Beverly Boulevard		Amount of Each Receipt this Period 113.64
City Los Angeles	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. C	Name of Employer Cedars-Sinai Medical Center	Occupation Chief Operating Officer/Senior Vice Pr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.28	

Full Name (Last, First, Middle Initial) B. Matt Absher		Date of Receipt 03 / 26 / 2012 Transaction ID : INCA10030
Mailing Address 1215 K St 800		Amount of Each Receipt this Period 55.00
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, Reimbursement Programs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Dimitrios Alexiou		Date of Receipt 03 / 26 / 2012 Transaction ID : INCA10029
Mailing Address 3993 Jurupa Avenue Suite 105		Amount of Each Receipt this Period 110.00
City Riverside	State CA	Zip Code 92506
FEC ID number of contributing federal political committee. C	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 ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	278.64
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 : INCA10030

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

Form/Schedule: SA11AI

Transaction ID: INCA10029

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

**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 79
	<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. Jim Barber
Full Name (Last, First, Middle Initial)

Mailing Address 515 S. Figueroa Street
Suite 1300

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 President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
03 / 26 / 2012
Transaction ID : INCA9997

Amount of Each Receipt this Period
132.00

B. Mary Barker
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, Publishing and Educati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
03 / 26 / 2012
Transaction ID : INCA9995

Amount of Each Receipt this Period
110.00

C. Patricia Blaisdell
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, Post Acute Care Servic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
03 / 26 / 2012
Transaction ID : INCA10018

Amount of Each Receipt this Period
110.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.00

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 : INCA9997

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

Form/Schedule: SA11AI

Transaction ID: INCA9995

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

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

Form/Schedule: SA11AI

Transaction ID : INCA10018

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 51 OF 79
	<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. Tracy Campbell			Date of Receipt
Mailing Address 1215 K St			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA10019
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="110.00"/>
Name of Employer	Occupation		
California Hospital Association	Vice President, Public Advocacy		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Connie Delgado			Date of Receipt
Mailing Address 1215 K St			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA10009
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="132.00"/>
Name of Employer	Occupation		
California Hospital Association	Deputy Chief Legislative Advocate		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jana Du Bois			Date of Receipt
Mailing Address 1215 K St 800			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA10021
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="132.00"/>
Name of Employer	Occupation		
California Hospital Association	VP Legal Counsel		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="374.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : INCA10019

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

Form/Schedule: SA11AI

Transaction ID: INCA10009

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

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

Form/Schedule: SA11AI

Transaction ID : INCA10021

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 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : INCA10008
 Amount of Each Receipt this Period
 110.00

B. Martin Gallegos
 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 Senior Vice President/Chief Legislativ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1827.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : INCA10005
 Amount of Each Receipt this Period
 154.00

C. Barbara Glaser
 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 Senior Legislative Advocate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : INCA10002
 Amount of Each Receipt this Period
 110.00

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-N5H-CB

Form/Schedule: SA11AI

Transaction ID : INCA10008

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

Form/Schedule: SA11AI

Transaction ID: INCA10005

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

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

Form/Schedule: SA11AI

Transaction ID : INCA10002

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 57 OF 79
	<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. Doug Hitchcock		Date of Receipt 03 / 26 / 2012 Transaction ID : INCA10001
Mailing Address 1215 K St Suite 800		Amount of Each Receipt this Period 154.00
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		
Name of Employer California Hospital Association	Occupation Government Relations Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) B. Cheri Hummel		Date of Receipt 03 / 26 / 2012 Transaction ID : INCA10016
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, Disaster Preparedness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Alyssa Keefe		Date of Receipt 03 / 26 / 2012 Transaction ID : INCA10032
Mailing Address 499 S Capitol St SW Ste 410		Amount of Each Receipt this Period 110.00
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		
Name of Employer California Hospital Association	Occupation VP, Federal Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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 : INCA10001

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

Form/Schedule: SA11AI

Transaction ID: INCA10016

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 : INCA10032

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 60 OF 79
<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. Sheree Kruckenberg		Date of Receipt
Mailing Address 1215 K St		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA10010
California Hospital Association	Vice President, Behavioral Health	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="385.00"/>	<input type="text" value="154.00"/>

Full Name (Last, First, Middle Initial) B. Jim Lott		Date of Receipt
Mailing Address 515 S. Figueroa Street Suite 1300		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Angeles	CA	90071
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA9998
Hospital Association of Southern Calif	Executive Vice President, Health Care	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	<input type="text" value="132.00"/>

Full Name (Last, First, Middle Initial) C. Cathy Martin		Date of Receipt
Mailing Address 1215 K St Suite 800		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA10024
California Hospital Association	Director, Workforce Planning	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	<input type="text" value="110.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="396.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : INCA10010

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

Form/Schedule: SA11AI

Transaction ID: INCA9998

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 : INCA10024

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 63 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Anne McLeod
 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 Senior Vice President, Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : INCA10011
 Amount of Each Receipt this Period
 154.00

B. Suzanne Ness
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 K St Suite 730
 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 Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : INCA10015
 Amount of Each Receipt this Period
 138.00

C. Jennifer Newman
 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 Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : INCA10007
 Amount of Each Receipt this Period
 110.00

SUBTOTAL of Receipts This Page (optional).....▶	402.00
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 : INCA10011

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

Form/Schedule: SA11AI

Transaction ID: INCA10015

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 : INCA10007

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 66 OF 79
	<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. Anne O'Rourke			Date of Receipt
Mailing Address 499 S Capitol St SW			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA10006
Washington	DC	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="132.00"/>
Name of Employer	Occupation		
California Hospital Association	Senior Vice President, Federal Relatio		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Edward Palacios			Date of Receipt
Mailing Address 7173 North Sharon Avenue			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9983
Fresno	CA	93720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="136.36"/>
Name of Employer	Occupation		
San Joaquin Valley Rehabilitation Hosp	Regional Chief Executive Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="397.72"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. David Perrott			Date of Receipt
Mailing Address 1215 K St 800			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA9992
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="154.00"/>
Name of Employer	Occupation		
California Hospital Association	Senior Vice President/Chief Medical Of		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="385.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="422.36"/>
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 : INCA10006

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

Form/Schedule: SA11AI

Transaction ID: INCA9992

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 68 OF 79
<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. Julie Reppas		Date of Receipt
Mailing Address 1215 K St		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Sacramento CA 95814		Transaction ID : INCA10004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="114.00"/>
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 ▼ <input type="text" value="228.00"/>	

Full Name (Last, First, Middle Initial) B. Roger Richter		Date of Receipt
Mailing Address 1215 K St Suite 800		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Sacramento CA 95814		Transaction ID : INCA9999
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="110.00"/>
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 ▼ <input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) C. Michelle Rivas		Date of Receipt
Mailing Address 1215 K St 800		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Sacramento CA 95814		Transaction ID : INCA10033
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="110.00"/>
Name of Employer California Hospital Association	Occupation CHPAC Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

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 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA10004

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

Form/Schedule: SA11AI

Transaction ID: INCA9999

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 : INCA10033

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 71 OF 79
	<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. Rebecca Rozen
Full Name (Last, First, Middle Initial)

Mailing Address 877 Ygnacio Valley Road
Suite 210

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt
03 / 26 / 2012
Transaction ID : INCA10000

Amount of Each Receipt this Period
138.00

B. Scott Seamons
Full Name (Last, First, Middle Initial)

Mailing Address 1215 K Street
Suite 730

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 Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt
03 / 26 / 2012
Transaction ID : INCA10013

Amount of Each Receipt this Period
138.00

C. Ron Smith
Full Name (Last, First, Middle Initial)

Mailing Address 235 Montgomery Street
Suite 1158

City San Francisco State CA Zip Code 94104

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

Name of Employer HCNCC - North Bay and San Francisco Se Occupation Senior Vice President for Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt
03 / 26 / 2012
Transaction ID : INCA10003

Amount of Each Receipt this Period
138.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 414.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA10000

Intermediary: HCNCC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596

Form/Schedule: SA11AI

Transaction ID: INCA10013

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 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA10003

Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 94104

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 74 OF 79
(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. Michael Stanish

Mailing Address 1215 K St
 800

City State Zip Code
 Sacramento CA 95814

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

Name of Employer Occupation
 California Hospital Association Director Regional Policy Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 03 / 26 / 2012
Transaction ID : INCA10034

Amount of Each Receipt this Period
 110.00

Full Name (Last, First, Middle Initial)
B. Peggy Wheeler

Mailing Address 1215 K Street Suite 800

City State Zip Code
 Sacramento CA 95814

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

Name of Employer Occupation
 California Hospital Association Vice President, Rural Healthcare/Gover

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 03 / 26 / 2012
Transaction ID : INCA10014

Amount of Each Receipt this Period
 132.00

Full Name (Last, First, Middle Initial)
C. Jennifer Wortham

Mailing Address 515 S Figueroa St
 Suite 1300

City State Zip Code
 Los Angeles CA 90071

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

Name of Employer Occupation
 Institute for Performance Excellence Executive Director, IPE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.00

Date of Receipt
 03 / 26 / 2012
Transaction ID : INCA10037

Amount of Each Receipt this Period
 138.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 380.00

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 : INCA10034

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

Form/Schedule: SA11AI

Transaction ID: INCA10014

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 : INCA10037

Intermediary: Institute for Performance Excellence 301 E Colorado Blvd, Ste 802 Pasadena, CA 91101

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 77 OF 79
(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"/> 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. Judith Yates

Full Name (Last, First, Middle Initial)

Mailing Address 5575 Ruffin Road
Suite 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/Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 27 / 2012**

Transaction ID : INCA10042

Amount of Each Receipt this Period **125.00**

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

TOTAL This Period (last page this line number only)..... ▶ **26787.64**

**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. Transfirst Epayment Services

Mailing Address 12120 Shamrock Plaza, Suite 100

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2012

Transaction ID : EXPB10039

Amount of Each Disbursement this Period

211.86

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

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2012

Transaction ID : EXPB10040

Amount of Each Disbursement this Period

887.77

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2012

Transaction ID : EXPB10041

Amount of Each Disbursement this Period

100.46

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

1200.09

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

1200.09

**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

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. 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
03		27		2012

City Washington State DC Zip Code 20004

Transaction ID : EXPB10038

Purpose of Disbursement
Transfer to Affiliated Committee FEC ID# C0010646

24G
Category/ Type

Amount of Each Disbursement this Period

50000.00

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)..... ▶

50000.00

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

50000.00
