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FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 15 —
			0	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Amoricon Hospit	- Accoriation D	٨		
American Hospita				
ADDRESS (number and street)	800 Tenth Street, NW			
(Check if address	Two CityCenter, Suite 400			
is changed)	Washington			001-4956
			STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	lwerner@aha.org			
is changed)	Optional Second E-Mail Ad	dross		
	pac@aha.org			
(Check if address is changed)				
2. DATE 02 1				
3. FEC IDENTIFICATION N	UMBER ► C C	00106146		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct and	l complete.
		-		
Type or Print Name of Treasure	r Hatton, Melinda, , Ms.,			
Signature of Treasurer	n, Melinda, , Ms.,	[Electronically Filed]	Date 02	14 / Y Y Y 2023
NOTE: Submission of false, erron		may subject the person signing TION SHOULD BE REPORTED		penalties of 52 U.S.C. §30
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FE	C Form 1	(Revised 03/2022)		Page <b>2</b>
5.	TYPE O	F COMMITTEE:		
	Candid	ate Committee:		
	(a)	This committee is a principal campaign committee	e. (Complete the candidate information below	.)
	(b)	This committee is an authorized committee, and information below.)	is NOT a principal campaign committee. (Cor	nplete the candidate
	Name Candic			
	Candic Party /	ate Office ffiliation Sought:	House Senate Preside	State
	(c)	This committee supports/opposes only one candi	idate, and is NOT an authorized committee.	
	Nam Cano			
	Party C	This committee is a (National, Son or subordin	· ·	emocratic, publican, etc.) Party
	Politica (e) x	I Action Committee (PAC): This committee is a separate segregated fund. (In	dentify connected organization on line 6.) Its	connected organization is a:
		Corporation	Corporation w/o Capital Stock	Labor Organization
		Membership Organization	rade Association	Cooperative
		🗴 In addition, this committee is a Lobbyis	st/Registrant PAC.	
	(f)	This committee supports/opposes more than one committee. (i.e., nonconnected committee)	e Federal candidate, and is NOT a separate s	egregated fund or party
		In addition, this committee is a Lobbyis	st/Registrant PAC.	
		In addition, this committee is a Leaders	ship PAC. (Identify sponsor on line 6.)	
	(g)	This committee is an independent expenditure-on	nly political committee (Super PAC).	
		In addition, this committee is a Lobbyis	st/Registrant PAC.	
	(h)	This committee is a political committee with both	contribution and non-contribution accounts (H	Hybrid PAC).
		In addition, this committee is a Lobbyis	st/Registrant PAC.	

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

FEC Form 1 (Revised 02/2009)	Page 3
Vrite or Type Committee Name	
American Hospital Association PAC	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or I American Hospital Association	Leadership PAC Sponsor
1800 Tenth Street NW	

Mailing Address	800 Tenth Street, NW		
	Two CityCenter, Suite 400           Image: Image of the imag		
	Washington		20001-4956
	CITY 🔺	STATE 🔺	ZIP CODE
Relationship: X Connect	cted Organization Affiliated Organization	Joint Fundraising Representative	e Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Werner, La	ura, , Ms.,
Full Name	
Mailing Address	800 Tenth Street, NW
	Two CityCenter, Suite 400
	Washington         DC         20001-4956
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Associate Director,	Telephone number     202     -     626     -     2271

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Hatton, Melinda, , Ms.,
of Treasurer	
Mailing Address	800 Tenth Street, NW
	Two CityCenter, Suite 400
	Washington     DC     20001-4956
	CITY A STATE A ZIP CODE A
Title or Position	<b>7</b>
Treasurer	Image:

FEC Form 1	I (Revised 02/2009)	Page 4
Full Name of Designated	Golder, Chad, , ,	
Agent		
Mailing Address	800 10th Street, NW	
	Two CityCenter, Suite 400	
	Washington         DC         20001	
	CITY A STATE A	ZIP CODE
Title or Position	$\checkmark$	
Assistant Treasu	rer Telephone number 202	626

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TD Ba	nk		
Mailing Address	605 14th Street, NW		
	Washington	DC 20005	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE ▲

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Form/Schedule: F1A Transaction ID :

Adding assistant treasurer on record.

Form/Schedule: Transaction ID:

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5(g) or (h).	Joint	Fundraising	Participant:

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2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor CA Hospital Association PAC-Federal

1			
Mailing Address	1215 K Street, Suite 700		
	Sacramento		95814
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name											
Mailing Address											
TITLE OR POSITION		STATE A	ZIP CODE								
Telephone Number         -											

Name of Bank, Depository, etc.																											
Mailing Address	L																										
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2.			FEC ID number	С
3.			 FEC ID number	C
4.			FEC ID number	С
	-	Organization, Affiliated Committee, Joint F a Hospital & Healthcare Associat		e, or Leadership PAC Sponsor
Ν	Nailing Address	2800 North Central Avenue		
		Suite 1450		
				85004
R	Relationship:	CITY A	STATE A	
	Connected	Organization X Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sponsor
8. Design	ated Agent: Identify	by name, address (phone number - optiona	al)	
Full	I Name			
Mai	iling Address			
TI	TLE OR POSITION		STATE A	ZIP CODE

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																												
Mailing Address	L																											
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Telephone Number

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1 FEC ID number   2. FEC ID number   3. FEC ID number   4. FEC ID number   6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor   MO - PAC of the Missouri Hospital Association   Mailing Address   P.O. Box 60   4.712 Country Club Drive   Jefferson City   Mo   estimation of Organization   # Affiliated Committee   Joint Fundraising Representative   Leadership PAC Sponsor   Mo   Belationship:   Connected Organization   # Affiliated Committee   Joint Fundraising Representative   Leadership PAC Sponsor   8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼	5(g) oi	r(h). Joint Fundraising	g Participant:		
3.		1.		FEC ID number	С
3.		2.		FEC ID number	С
		3.		FEC ID number	С
MO - PAC of the Missouri Hospital Association Mailing Address 4712 Country Club Drive 4712 Country Club Drive 4712 Country Club Drive 4712 Country Club Drive CITY ▲ STATE ▲ ZIP CODE ▲ 8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲		4.		FEC ID number	С
Mailing Address     4712 Country Club Drive     Jefferson City     Jefferson City     Relationship:   CITY ▲ STATE ▲ ZIP CODE ▲      Connected Organization     Affiliated Committee   Joint Fundraising Representative     Leadership PAC Sponsor     8. Designated Agent:     Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     TITLE OR POSITION ▼     CITY ▲     STATE ▲     ZIP CODE ▲	6.	-	-	ising Representative	, or Leadership PAC Sponsor
Mailing Address     4712 Country Club Drive     Jefferson City     Jefferson City     Relationship:   CITY ▲ STATE ▲ ZIP CODE ▲      Connected Organization     Affiliated Committee   Joint Fundraising Representative     Leadership PAC Sponsor     8. Designated Agent:     Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     TITLE OR POSITION ▼     CITY ▲     STATE ▲     ZIP CODE ▲					
Image: State Agent:       Identify by name, address (phone number – optional)         Full Name       Image: State Agent:         Mailing Address       Image: State Agent:         Image: CITY Agent Agent:       Identify by name, address (phone number – optional)         Full Name       Image: CITY Agent Agent Agent Agent:         Image: CITY Agent Agent Agent:       Identify by name, address (phone number – optional)         Full Name       Image: CITY Agent		Mailing Address	P.O. Box 60		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲   Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor   8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼			4712 Country Club Drive		
Connected Organization       ✓ Affiliated Committee       Joint Fundraising Representative       Leadership PAC Sponsor         8.       Designated Agent: Identify by name, address (phone number – optional)         Full Name			Jefferson City	I MO I	65102
8. Designated Agent: Identify by name, address (phone number – optional)       Full Name      Mailing Address      Image: Citry ▲      STATE ▲      ZIP CODE ▲					
Full Name   Mailing Address   Image: City ▲   STATE ▲ ZIP CODE ▲		Relationship:		STATE ▲	
Mailing Address					
TITLE OR POSITION V CITY A STATE A ZIP CODE A	8.	Connected	Organization X Affiliated Committee Joint		
TITLE OR POSITION ▼	8.	Connected Designated Agent: Identify	Organization X Affiliated Committee Joint		
TITLE OR POSITION ▼	8.	Connected Designated Agent: Identify Full Name	Organization X Affiliated Committee Joint		
TITLE OR POSITION ▼	8.	Connected Designated Agent: Identify Full Name	Organization X Affiliated Committee Joint		
Telephone Number         -	8.	Connected Designated Agent: Identify Full Name	Organization X Affiliated Committee Joint		
	8.	Connected Connected Designated Agent: Identify Full Name Mailing Address	Organization   Affiliated Committee   Joint I   by name, address (phone number – optional)	Fundraising Representa	tive Leadership PAC Sponsor

Name of Bank, Depository, etc.																													
Mailing Address																													
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1	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4	FEC ID number	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor MHA Federal PAC

	Mailing Address       2625 Winne Ave         Helena       MT         59601       -         T       59601         ZIP CODE ▲														
	Mailing Address														
Mailing Address	Mailing Address														
Mailing Address															
	Mailing Address														
Relationship:	(			STATE 🔺	ZIP CODE										
Connected C	Drganization X Affiliate	d Committee	Joint Fundraising	Representative	Leadership PAC Sponsor										

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
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Name of Bank, Depository, etc.	<u> </u>																					
Mailing Address																						
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5(g)	or(h). Joint Fundraisin	g Participant:		
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	3.		FEC ID number C	
	4.		FEC ID number C	
6.	-	Organization, Affiliated Committee, Joint Fundra spital Association PAC - Federal	aising Representative, or	Leadership PAC Sponsor
	Mailing Address	P.O. Box 4449		
		Cary		27519
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION		STATE A	ZIP CODE
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Name of Bank, Depository, etc.	<u> </u>																					
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	3.		FEC ID number C	
	4.		FEC ID number	
		Drganization, Affiliated Committee, Joint Fundrai hsystem Assoc of PA Federal Politica		PAC Sponsor
L				
	Mailing Address	30 North Third Street		
		Suite 600		
		Harrisburg	PA 17101	
	Relationship:		STATE ZIP	
				CODE
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8. <b>De</b> s	Connected	Organization X Affiliated Committee Joint F		
––– 8. <b>De</b> s	Connected	Organization Affiliated Committee Joint F	iundraising Representative       Leader	
–– 8. <b>De</b> s	Connected	Organization	iundraising Representative       Leader	rship PAC Sponsor

Name of Bank, Depository, etc.	<u> </u>																						
Mailing Address																							
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	4		FEC ID number	С
6.		Drganization, Affiliated Committee, Joint Fundrai I PAC of the Texas Hospital Associat		e, or Leadership PAC Sponsor
	Mailing Address	P.O. Box 679010		
		Austin		78767
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE 🔺	ZIP CODE
		Tele	ephone Number	
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Name of Bank, Depository, etc.																	1							
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or (h). Joint Fundraisi	ng Participant:							
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2.			FEC I	D number	С			
3.			FEC I	D number	С			
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Name of Any Connected	-		-	-		-	PAC S	oons 
Name of Any Connected	-	York State and Al	-	-		-	PAC S	pons
Name of Any Connected	iation of New	York State and Al	-	-		-	PAC S	oons
Name of Any Connected	iation of New	York State and Al	-	-	deral         	-	PAC S	Dons
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or (h). Joint Fundraisi	ng Participant:		
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4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Wisconsin Hospi	tal Association Inc. Federal PAC		
Mailing Address	P.O. Box 259038		
	5510 Research Park Drive		
	Madison		53725
Polationshin:			
Relationship:	CITY  Affiliated Committee Joint	STATE ▲ Fundraising Representa	ZIP CODE
Connecte			
Connecte	ed Organization X Affiliated Committee Joint		
Designated Agent: Identi	ed Organization X Affiliated Committee Joint		
Designated Agent: Identi	ed Organization X Affiliated Committee Joint		
Designated Agent: Identi	ed Organization X Affiliated Committee Joint		ative Leadership PAC Spons
Connecte Designated Agent: Identi Full Name	Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spons

Name of Bank, Depository, etc.																							
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	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundra Association Political Action Committ		e, or Leadership PAC Sponsor
	Mailing Address	2501 Nelson Miller Parkway		
		Louisville	KY	40253
	Relationship:		STATE A	
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		Tel	lephone Number	

Name of Bank, Depository, etc.																							
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