

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="1653206.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2344802.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="251298.25"/>	<input type="text" value="1440899.07"/>
(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="2596100.66"/>	<input type="text" value="3094105.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46184.89"/>	<input type="text" value="544190.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2549915.77"/>	<input type="text" value="2549915.77"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	99881.12	528488.82
(ii) Unitemized	40706.24	172985.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	140587.36	701474.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	140587.36	706474.43
12. Transfers From Affiliated/Other Party Committees.....	110500.00	475700.00
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	256999.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	525.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	210.89	1200.28
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))..... ▶	251298.25	1440899.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	251298.25	1440899.07

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	441.37	4296.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	441.37	4296.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45693.52	539493.52
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	50.00	400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	400.00
29. Other Disbursements	0.00	0.00
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)) ..	46184.89	544190.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46184.89	544190.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	140587.36	706474.43
34. Total Contribution Refunds (from Line 28(d))	50.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140537.36	706074.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	441.37	4296.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	441.37	-252702.78

**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 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3300 NW Expressway

City Oklahoma City State OK Zip Code 73112-4418

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

Name of Employer Integris Baptist Medical Center Occupation Physician

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
07 / 01 / 2015

Transaction ID : 22554085

Amount of Each Receipt this Period
250.00

B. Mr. Chris Hammes FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1001 East 18th Street

City Grove State OK Zip Code 74344-2907

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

Name of Employer Integris Grove Hospital Occupation Interim President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : 22554086

Amount of Each Receipt this Period
500.00

C. Mr. Fredrick K Slunecka
Full Name (Last, First, Middle Initial)

Mailing Address 7200 S Burleigh Cir

City Sioux Falls State SD Zip Code 57108-5721

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

Name of Employer Avera Health Occupation Chief Operating Officer

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
07 / 01 / 2015

Transaction ID : 22554120

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 129
	(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)
American Hospital Association PAC

A. Mr. Scott A Duke
Full Name (Last, First, Middle Initial)
Mailing Address 3708 West Brooks Place, Suite 1

City Sioux Falls	State SD	Zip Code 57106-4207
FEC ID number of contributing federal political committee. C		
Name of Employer South Dakota Association of Healthcare	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015
Transaction ID : 22554121

Amount of Each Receipt this Period
500.00

B. Mr. Larry W Veitz
Full Name (Last, First, Middle Initial)
Mailing Address 1440 North Main Street

City Spearfish	State SD	Zip Code 57783-1505
FEC ID number of contributing federal political committee. C		
Name of Employer Spearfish Regional Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015
Transaction ID : 22554123

Amount of Each Receipt this Period
500.00

C. Mr. Karmon T Bjella
Full Name (Last, First, Middle Initial)
Mailing Address 1501 West Chisholm Street

City Alpena	State MI	Zip Code 49707-1401
FEC ID number of contributing federal political committee. C		
Name of Employer Alpena Regional Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015
Transaction ID : 22554130

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 8 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr Steven Heacock

Mailing Address 2560 Pebblebrook Drive SE

City State Zip Code
Grand Rapids MI 49546-7443

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

Name of Employer Occupation
Spectrum Health Senior Vice President Community Relati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : 22554135

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Charlie Johnson

Mailing Address 6109 Marsh Road

City State Zip Code
Haslett MI 48840-8902

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

Name of Employer Occupation
Michigan Health & Hospital Association Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : 22554137

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Ms. Nancy Howell Agee

Mailing Address P O Box 13727

City State Zip Code
Roanoke VA 24036-3727

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

Name of Employer Occupation
Carilion Clinic President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554150

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 129
	<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)
American Hospital Association PAC

A. Dr. Barbara Brown Ph.D.
Full Name (Last, First, Middle Initial)
Mailing Address 11 Countryside Lane

City Richmond	State VA	Zip Code 23229-7928
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FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital & Healthcare Associa	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554151

Amount of Each Receipt this Period
 350.00

B. Mr Daniel Carey
Full Name (Last, First, Middle Initial)
Mailing Address 4408 Boonsboro Rd

City Lynchburg	State VA	Zip Code 24503-2334
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FEC ID number of contributing federal political committee. **C**

Name of Employer Centra Health, Inc.	Occupation Chief Medical Officer
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554152

Amount of Each Receipt this Period
 500.00

C. Ms. Dianne Charsha RNC, MSN,
Full Name (Last, First, Middle Initial)
Mailing Address 11465 Log Ridge Drive

City Fairfax	State VA	Zip Code 22030-8529
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FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Fairfax Hospital	Occupation Chief Nursing Officer
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554153

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 10 OF 129
	<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)
American Hospital Association PAC

A. Dr. Loring S Flint Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1842 Fonthill Court
 City McLean State VA Zip Code 22102-4792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Medical Center Occupation Senior Vice President Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554154
 Amount of Each Receipt this Period
 350.00

B. Mr. James D Krauss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 Health Campus Drive
 City Harrisonburg State VA Zip Code 22801-3293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara RMH Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554155
 Amount of Each Receipt this Period
 350.00

C. Mr. Glenn Lohrmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 9919 Lindel Lane
 City Vienna State VA Zip Code 22181-4035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health System Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554157
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kay A Floyd RN, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1068
 City State Zip Code
 Forsyth GA 31029-1068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Monroe County Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : 22554181
 Amount of Each Receipt this Period
 500.00

B. Ms. Candice Saunders
 Full Name (Last, First, Middle Initial)
 Mailing Address 677 Church Street
 City State Zip Code
 Marietta GA 30060-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WellStar Health System President and Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : 22554182
 Amount of Each Receipt this Period
 500.00

C. Dr. Joseph Pepe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 McGregor Street
 City State Zip Code
 Manchester NH 03102-3770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Catholic Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : 22554183
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ► 1350.00
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 12 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Peter Diestel

Mailing Address 279 Brookside Avenue

City Allendale State NJ Zip Code 07401-1848

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

Name of Employer Valley Hospital Occupation Senior Vice President and Chief Operat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 03 / 2015
Transaction ID : 22554186

Amount of Each Receipt this Period 227.50

Full Name (Last, First, Middle Initial)
B. Mr. Herb B Kuhn

Mailing Address P O Box 60

City Jefferson City State MO Zip Code 65102-0060

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

Name of Employer Missouri Hospital Association Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2015
Transaction ID : 22554200

Amount of Each Receipt this Period 125.00

Full Name (Last, First, Middle Initial)
C. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City Jefferson City State MO Zip Code 65109-9782

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

Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2015
Transaction ID : 22554201

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 477.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 129
	<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)
American Hospital Association PAC

A. Ms. Mary Prybylo
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 403

City Bangor State ME Zip Code 04402-0403

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

Name of Employer St. Joseph Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
07 / 07 / 2015
Transaction ID : **22556312**

Amount of Each Receipt this Period
350.00

B. Ms. Sara J Criger
Full Name (Last, First, Middle Initial)
Mailing Address 4050 Coon Rapids Boulevard

City Coon Rapids State MN Zip Code 55433-2522

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

Name of Employer Mercy Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
07 / 07 / 2015
Transaction ID : **22556317**

Amount of Each Receipt this Period
250.00

C. Dr. Kenneth D. Holmen MD
Full Name (Last, First, Middle Initial)
Mailing Address 1406 Sixth Avenue North

City Saint Cloud State MN Zip Code 56303-1900

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

Name of Employer CentraCare Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
07 / 07 / 2015
Transaction ID : **22556322**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Katherine Mulready

Mailing Address 7335 East Orchard Road

City State Zip Code
Greenwood Village CO 80111-2582

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

Name of Employer Occupation
Colorado Hospital Association Vice President of Legislative Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556337

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Christopher Tholen

Mailing Address 7335 East Orchard Road

City State Zip Code
Greenwood Village CO 80111-2582

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

Name of Employer Occupation
Colorado Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556340

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Thomas Gessel FACHE

Mailing Address 1010 Three Springs Boulevard

City State Zip Code
Durango CO 81301-8296

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

Name of Employer Occupation
Mercy Regional Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556342

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Todd Oberheu
 Full Name (Last, First, Middle Initial)
 Mailing Address 23500 U S Highway 160
 City Walsenburg State CO Zip Code 81089-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spanish Peaks Regional Health Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556353
 Amount of Each Receipt this Period
 250.00

B. Ms. Arlene Harms
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 County Road 14
 City Del Norte State CO Zip Code 81132-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rio Grande Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556354
 Amount of Each Receipt this Period
 250.00

C. Mr. Russell William Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5111 DTC Parkway
 City Greenwood Village State CO Zip Code 80111-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centura Health Occupation Senior VP of Network Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556355
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 399
 City Kremmling State CO Zip Code 80459-0399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middle Park Medical Center-Kremmling Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556356
 Amount of Each Receipt this Period
 250.00

B. Mr. Michael Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 7335 East Orchard Road Suite 100
 City Greenwood Village State CO Zip Code 80111-2582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colorado Hospital Association Occupation Vice President, Shared Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22556357
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559285
 Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00
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 17 OF 129
	<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)
American Hospital Association PAC

A. Mr. Evert J Kuiper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4936 LaVerna Rd
 City Springfield State IL Zip Code 62707-9797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Sisters Health System Occupation President & Chief Executive Officer
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559286
 Amount of Each Receipt this Period
 1200.00
 Aggregate Year-to-Date ▼
 1200.00

B. Mr. Charles Lucore
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Carpenter Street
 City Springfield State IL Zip Code 62769-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John's Hospital Occupation Executive Director
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559287
 Amount of Each Receipt this Period
 1200.00
 Aggregate Year-to-Date ▼
 1200.00

C. Mr. David A Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 Turtle Bay
 City Springfield State IL Zip Code 62711-7889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Sisters Health System Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559288
 Amount of Each Receipt this Period
 800.00
 Aggregate Year-to-Date ▼
 800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 129
	<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)
American Hospital Association PAC

A. Ms. Monica Heenan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Children's Plaza #138
 City Chicago State IL Zip Code 60614-3363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Chief Ambulatory Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559289
 Amount of Each Receipt this Period
400.00

B. Ms. Ann Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address 999 E. Andrew St. Road
 City Macon State IL Zip Code 62544-7009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Sisters Health System Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559292
 Amount of Each Receipt this Period
400.00

C. Ms Lisa M Dykstra
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 Grant Street
 City Evanston State IL Zip Code 60201-2534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Sisters Health System Occupation Healthcare Associate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559293
 Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 19 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Francia Harrington
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 East Chicago Avenue
 City Chicago State IL Zip Code 60611-2991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Management Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559294
 Amount of Each Receipt this Period
 400.00

B. Ms. Monica Heenan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Children's Plaza #138
 City Chicago State IL Zip Code 60614-3363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Chief Ambulatory Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559295
 Amount of Each Receipt this Period
 400.00

C. Ms. Maureen Mahoney
 Full Name (Last, First, Middle Initial)
 Mailing Address 8108 N. Oeto Ave
 City Niles State IL Zip Code 60714-2942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Chief Excellence Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 22559296
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 20 OF 129
	<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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Christopher Martorella MSN, RN, N

Mailing Address 20 Hibiscus Drive

City State Zip Code
Ormond Beach FL 32176-8902

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

Name of Employer Occupation
Compass Clinical Consulting Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : 22561570

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Timothy A. Ols FACHE

Mailing Address P O Box 372

City State Zip Code
Mattoon IL 61938-0372

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

Name of Employer Occupation
Sarah Bush Lincoln Health Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : 22561969

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Mr. Scott Wilkerson

Mailing Address 225 East Chicago Avenue

City State Zip Code
Chicago IL 60611-2991

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

Name of Employer Occupation
Ann & Robert H. Lurie Children's Hospi Executive Director, Clinically Ing. Ne

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : 22561970

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 21 OF 129
(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)
American Hospital Association PAC

A. Ms. Kathy A. Bizarro FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 544 Upper Straw Rd
City Hopkinton State NH Zip Code 03229-2023
FEC ID number of contributing federal political committee. **C**
Name of Employer New Hampshire Hospital Association Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.75

Date of Receipt 07 / 13 / 2015
Transaction ID : 22562600
Amount of Each Receipt this Period 22.75

B. Mr. Stephen M. Ahnen
Full Name (Last, First, Middle Initial)
Mailing Address 125 Airport Road
City Concord State NH Zip Code 03301-7300
FEC ID number of contributing federal political committee. **C**
Name of Employer New Hampshire Hospital Association Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 591.50

Date of Receipt 07 / 13 / 2015
Transaction ID : 22562601
Amount of Each Receipt this Period 45.50

C. Ms. Paula Minnehan
Full Name (Last, First, Middle Initial)
Mailing Address 283 Gallopiny Hill Road
City Hopkinton State NH Zip Code 03229-3402
FEC ID number of contributing federal political committee. **C**
Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 217.10

Date of Receipt 07 / 13 / 2015
Transaction ID : 22562603
Amount of Each Receipt this Period 16.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.95
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 22 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Warren K West FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Saint Johnsbury Road
 City Littleton State NH Zip Code 03561-3442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Littleton Regional Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22562608
 Amount of Each Receipt this Period
 500.00

B. Ms. Connie Agenbroad
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 North 14th Avenue
 City Othello State WA Zip Code 99344-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Othello Community Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22562610
 Amount of Each Receipt this Period
 250.00

C. Ms. Avah Stalaker MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Sauls Run Road
 City Weston State WV Zip Code 26452-7578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stonewall Jackson Memorial Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22563184
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 129
	<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)
American Hospital Association PAC

A. Mr. John C. Forester
Full Name (Last, First, Middle Initial)

Mailing Address 1074 Koontz Avenue

City Morgantown State WV Zip Code 26505-3321

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

Name of Employer United Hospital Center Occupation VP Physician Practices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : 22563185

Amount of Each Receipt this Period
 250.00

B. Ms. Stephanie McCoy
Full Name (Last, First, Middle Initial)

Mailing Address 890 Patterson Road

City Cottageville State WV Zip Code 25239-6595

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

Name of Employer Jackson General Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : 22563186

Amount of Each Receipt this Period
 250.00

C. Mr. Douglas Coffman
Full Name (Last, First, Middle Initial)

Mailing Address 765 Crestview Acres

City Shinnston State WV Zip Code 26431-9401

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

Name of Employer United Hospital Center Occupation VP/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : 22563187

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 129
	<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)
American Hospital Association PAC

A. Ms. Amy Boothe
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 Carskadon Road
 City Keyser State WV Zip Code 26726-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Potomac Valley Hospital Occupation Director of Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 10 / 2015**
Transaction ID : 22563188
 Amount of Each Receipt this Period **250.00**

B. Mr Thomas P Bolton CHFM
 Full Name (Last, First, Middle Initial)
 Mailing Address 4308 Periwinkle Lane
 City Woodbridge State VA Zip Code 22192-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health System Occupation Senior Director Engineering Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 09 / 2015**
Transaction ID : 22563235
 Amount of Each Receipt this Period **350.00**

C. Ms. Robin Depaoli
 Full Name (Last, First, Middle Initial)
 Mailing Address 8317 Stonewall Drive
 City Vienna State VA Zip Code 22180-6949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Hospital Center - Arlington Occupation Senior Vice President & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 09 / 2015**
Transaction ID : 22563236
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 25 OF 129
	<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)
American Hospital Association PAC

A. Ms. Eileen L Dohmann MBA, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6508 Flowerdew Hundred Ct
 City State Zip Code
 Centreville VA 20120-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mary Washington Healthcare Vice President Quality and Patient Saf
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : 22563237
 Amount of Each Receipt this Period
 350.00

B. Ms. Leana Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Crawford Parkway
 City State Zip Code
 Portsmouth VA 23704-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bon Secours Maryview Medical Center CNE/Vice President, Patient Care Servi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : 22563238
 Amount of Each Receipt this Period
 350.00

C. Mr. Andrew S Davidson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Kruse Way Place, Suite 2-100
 City State Zip Code
 Lake Oswego OR 97035-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon Association of Hospitals and He President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : 22563270
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 26 OF 129
	<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)
American Hospital Association PAC

A. Mr. Andy Van Pelt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Kruse Way Place
 Building 2, Suite 100
 City Lake Oswego State OR Zip Code 97035-5545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : 22563271
 Amount of Each Receipt this Period
1000.00

B. Ms. Andrea Easton
 Full Name (Last, First, Middle Initial)
 Mailing Address 258 Evergreen Road
 #4
 City Lake Oswego State OR Zip Code 97034-3145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Advocacy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : 22563272
 Amount of Each Receipt this Period
1000.00

C. Ms. Peggy Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 18839 Roundtree
 City Oregon City State OR Zip Code 97045-3920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : 22563273
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 27 OF 129
	(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)
American Hospital Association PAC

A. Ms. Robin Moody
Full Name (Last, First, Middle Initial)
Mailing Address 8553 SW 8th Ave
City Portland State OR Zip Code 97219-4577
FEC ID number of contributing federal political committee. **C**
Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Public Policy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015
Transaction ID : 22563274
Amount of Each Receipt this Period
1000.00

B. Ms Kennedy Soileau
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Kruse Way Place Building 2, Suite 100
City Lake Oswego State OR Zip Code 97035-5545
FEC ID number of contributing federal political committee. **C**
Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015
Transaction ID : 22563275
Amount of Each Receipt this Period
500.00

C. Ms Gina Cole-Plasker
Full Name (Last, First, Middle Initial)
Mailing Address 17555 NW Waltuck Ct
City Portland State OR Zip Code 97229-8530
FEC ID number of contributing federal political committee. **C**
Name of Employer Legacy Health Occupation Government Affairs Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015
Transaction ID : 22563276
Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 129
	<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)
American Hospital Association PAC

A. Dr. Kenneth Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Kresge Way
 City Louisville State KY Zip Code 40207-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Louisville Occupation Vice President and Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 13 / 2015
Transaction ID : 22563473
 Amount of Each Receipt this Period 300.00

B. Mr Jack Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 W. Sun Street
 City Morehead State KY Zip Code 40351-1564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Claire Regional Medical Center Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2015
Transaction ID : 22563474
 Amount of Each Receipt this Period 500.00

c. Mr. Chip Peal
 Full Name (Last, First, Middle Initial)
 Mailing Address 299 King's Daughters Drive
 City Frankfort State KY Zip Code 40601-6514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankfort Regional Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2015
Transaction ID : 22563475
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 129
	<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)
American Hospital Association PAC

A. Mr. Dan Stone
Full Name (Last, First, Middle Initial)

Mailing Address 100 Medical Center Drive

City Hazard State KY Zip Code 41701-9421

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

Name of Employer Hazard ARH Regional Medical Center Occupation Senior Community Chief Executive Offic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22563478

Amount of Each Receipt this Period
 500.00

B. Mr. Robert W Allen FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 900 Round Valley Drive

City Park City State UT Zip Code 84060-7552

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

Name of Employer Park City Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22563519

Amount of Each Receipt this Period
 500.00

C. Mr. Greg Bell
Full Name (Last, First, Middle Initial)

Mailing Address 2180 South 1300 East, Suite 440

City Salt Lake City State UT Zip Code 84106-2856

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

Name of Employer Utah Hospital Association Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22563520

Amount of Each Receipt this Period
 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 129
	<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)
American Hospital Association PAC

A. Mr. David C. Gessel J.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2180 S. 1300 East #440

City Salt Lake City State UT Zip Code 84106-2813

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

Name of Employer Utah Hospital Association Occupation Vice President, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2015
Transaction ID : 22563521

Amount of Each Receipt this Period 500.00

B. Mr. Shawn Morrow
Full Name (Last, First, Middle Initial)

Mailing Address 1485 South Highway 40

City Heber City State UT Zip Code 84032-3522

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

Name of Employer Heber Valley Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2015
Transaction ID : 22563522

Amount of Each Receipt this Period 500.00

C. Mr. Jim Sheets
Full Name (Last, First, Middle Initial)

Mailing Address Eighth Avenue and 'C' Street

City Salt Lake City State UT Zip Code 84143-0001

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

Name of Employer LDS Hospital Occupation Chief Executive Officer and Administra

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2015
Transaction ID : 22563523

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 129
	<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)
American Hospital Association PAC

A. Mr. Blair Kent
Full Name (Last, First, Middle Initial)

Mailing Address 3741 West 12600 South

City Riverton	State UT	Zip Code 84065-7215
------------------	-------------	------------------------

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

Name of Employer Riverton Hospital	Occupation Administrator
---------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

Transaction ID : 22563524

Amount of Each Receipt this Period
250.00

B. Mr. James H Hinton
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 26666

City Albuquerque	State NM	Zip Code 87125-6666
---------------------	-------------	------------------------

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

Name of Employer Presbyterian Healthcare Services	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Transaction ID : 22565117

Amount of Each Receipt this Period
500.00

C. Mr. Michael Guerriero
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

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

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

Name of Employer New Jersey Hospital Association	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

Transaction ID : 22565302

Amount of Each Receipt this Period
6.50

SUBTOTAL of Receipts This Page (optional).....	756.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 129
	<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)
American Hospital Association PAC

A. Mr. Sean J. Hopkins
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

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

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **223.75**

Date of Receipt **07 / 10 / 2015**

Transaction ID : 22565303

Amount of Each Receipt this Period **6.50**

B. Mr. David P. Lavins
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fox Chase Road

City Malvern State PA Zip Code 19355-3441

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

Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **296.40**

Date of Receipt **07 / 10 / 2015**

Transaction ID : 22565306

Amount of Each Receipt this Period **6.50**

C. Mr. John Slotman
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation VP, GME and Teaching Hospital Issues

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **292.49**

Date of Receipt **07 / 10 / 2015**

Transaction ID : 22565311

Amount of Each Receipt this Period **6.50**

SUBTOTAL of Receipts This Page (optional)..... **19.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Loraine Brown

Mailing Address 9446 Whispering Trace

City Brownsburg State IN Zip Code 46112-9208

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

Name of Employer St. Vincent Indianapolis Hospital Occupation Exec. Dir. Mission

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22565330

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mr. Blake A Dye

Mailing Address 2805 W. Co. Road 250 S.

City New Castle State IN Zip Code 47362

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

Name of Employer St. Vincent Heart Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22565336

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Mr. Kreg Gruber

Mailing Address 615 North Michigan Street

City South Bend State IN Zip Code 46601-1033

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

Name of Employer Memorial Hospital of South Bend Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22565341

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 129
	<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)
American Hospital Association PAC

A. Mr. Thomas Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 243 Governors Way
 City Brentwood State TN Zip Code 37027-8931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lutheran Health Network Occupation Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22565348
 Amount of Each Receipt this Period
 500.00

B. Michael Mullins
 Full Name (Last, First, Middle Initial)
 Mailing Address 479 Chimney Rock Drive
 City Carmel State IN Zip Code 46032-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Health Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22565350
 Amount of Each Receipt this Period
 500.00

C. Mr. Thomas G Bartlett III
 Full Name (Last, First, Middle Initial)
 Mailing Address 25117 Highway 15
 City Union State MS Zip Code 39365-9088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Laird Hospital Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22565462
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 129
	<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)
American Hospital Association PAC

A. Mr. Paul S Black
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 967

City State Zip Code
Louisville MS 39339-0967

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

Name of Employer Occupation
Winston Medical Center Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565463

Amount of Each Receipt this Period
250.00

B. Mr. G Douglas Higginbotham
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 607

City State Zip Code
Laurel MS 39441-0607

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

Name of Employer Occupation
South Central Regional Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565482

Amount of Each Receipt this Period
1025.00

C. Mr. Richard G Hilton
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1506

City State Zip Code
Starkville MS 39760-1506

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

Name of Employer Occupation
OCH Regional Medical Center Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565483

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 129
	<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)
American Hospital Association PAC

A. Mr. Alvin Hoover FACHE
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 948

City Brookhaven	State MS	Zip Code 39602-0948
FEC ID number of contributing federal political committee. C		
Name of Employer King's Daughters Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565484

Amount of Each Receipt this Period
500.00

B. Mr. Randy King
Full Name (Last, First, Middle Initial)
Mailing Address 7601 Southcrest Parkway

City Southaven	State MS	Zip Code 38671-4739
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Memorial Health Care Corporati	Occupation Vice President Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565489

Amount of Each Receipt this Period
250.00

C. Mr. Lee McCall
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 648

City Philadelphia	State MS	Zip Code 39350-0648
FEC ID number of contributing federal political committee. C		
Name of Employer Neshoba County General Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565496

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 129
	<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)
American Hospital Association PAC

A. Mr. Kurt W Metzner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 North State Street
 City Jackson State MS Zip Code 39202-2064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Baptist Health System Occupation President/Emeritus
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2015
Transaction ID : 22565500
 Amount of Each Receipt this Period 250.00

B. Mr. Timothy H Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1909
 City Madison State MS Zip Code 39130-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Hospital Association Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 07 / 10 / 2015
Transaction ID : 22565501
 Amount of Each Receipt this Period 60.00

C. Mr. William C Oliver
 Full Name (Last, First, Middle Initial)
 Mailing Address 6051 U S Highway 49
 City Hattiesburg State MS Zip Code 39401-7200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forrest General Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 10 / 2015
Transaction ID : 22565504
 Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	1560.00
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 38 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kenneth Posey FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 527

City Bay Springs	State MS	Zip Code 39422-0527
---------------------	-------------	------------------------

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

Name of Employer Jasper General Hospital	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
512.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22565506

Amount of Each Receipt this Period
 512.50

B. Mr. David G Putt FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Bowling Green Road

City Lexington	State MS	Zip Code 39095-5167
-------------------	-------------	------------------------

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

Name of Employer University of Mississippi Medical Cent	Occupation Chief Executive Officer
--	---------------------------------------

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
 07 / 10 / 2015
Transaction ID : 22565507

Amount of Each Receipt this Period
 250.00

C. Mr. Donald Keith Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 19th Avenue

City Meridian	State MS	Zip Code 39301-4116
------------------	-------------	------------------------

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

Name of Employer Rush Foundation Hospital	Occupation Corporate Director of HR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22565511

Amount of Each Receipt this Period
 202.50

SUBTOTAL of Receipts This Page (optional).....▶	965.00
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 39 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. G Edward Tucker Jr
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 16389

City Hattiesburg State MS Zip Code 39404-6389

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

Name of Employer Forrest General Hospital Occupation Vice President Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565513

Amount of Each Receipt this Period
250.00

B. Mr. Daryl W Weaver
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 909

City Carthage State MS Zip Code 39051-0909

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

Name of Employer Baptist Medical Center Leake Occupation Interim Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : 22565516

Amount of Each Receipt this Period
730.00

C. Mr. Charlie Shields
Full Name (Last, First, Middle Initial)

Mailing Address 7900 Lee's Summit Road

City Kansas City State MO Zip Code 64139-1236

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

Name of Employer Truman Medical Centers Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015
Transaction ID : 22565591

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1980.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 129
	<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)
American Hospital Association PAC

A. Mr. Chad R. Austin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6518 SW 26th Court
 City Topeka State KS Zip Code 66614-4305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Hospital Association Occupation Sr. Vice President, Government Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : 22565595
 Amount of Each Receipt this Period
 38.46

B. Mr. Michael T Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 West 16th Street
 City Pueblo State CO Zip Code 81003-2781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Medical Center Occupation Chief Executive Officer
 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
 07 / 13 / 2015
Transaction ID : 22565636
 Amount of Each Receipt this Period
 250.00

C. Mr. Thomas Gronow
 Full Name (Last, First, Middle Initial)
 Mailing Address 12605 East 16th Avenue
 City Aurora State CO Zip Code 80045-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Hospital Occupation Chief Operating Officer
 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
 07 / 13 / 2015
Transaction ID : 22565637
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	538.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 129
	<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)
American Hospital Association PAC

A. Mr. Michael A Slubowski FACHE, FAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Eldorado Boulevard, Suite 100-
 City Broomfield State CO Zip Code 80021-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCL Health Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : 22565642
 Amount of Each Receipt this Period **500.00**

B. Mr. Mason Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 N Nevada Ave
 City Colorado Springs State CO Zip Code 80907-6819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penrose-St. Francis Health Services Occupation Trustee
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : 22565645
 Amount of Each Receipt this Period **250.00**

C. Mr. Frank May
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 Central Park Drive
 City Steamboat Springs State CO Zip Code 80487-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yampa Valley Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : 22565648
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 129
	<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)
American Hospital Association PAC

A. Mr. David Hamm
Full Name (Last, First, Middle Initial)
Mailing Address 200 Exempla Circle
City Lafayette State CO Zip Code 80026-3370
FEC ID number of contributing federal political committee. **C**
Name of Employer Good Samaritan Medical Center Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015
Transaction ID : 22565651
Amount of Each Receipt this Period 250.00

B. Mr. Robert J Santilli
Full Name (Last, First, Middle Initial)
Mailing Address 711 North Taylor Street
City Gunnison State CO Zip Code 81230-2243
FEC ID number of contributing federal political committee. **C**
Name of Employer Gunnison Valley Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2015
Transaction ID : 22565654
Amount of Each Receipt this Period 250.00

C. Ms Audrey Sernyak
Full Name (Last, First, Middle Initial)
Mailing Address 1117 West Strasburg Rd
City WEST CHESTER State PA Zip Code 19382-1932
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Francis Hospital Occupation Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2015
Transaction ID : 22565873
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr. Roy Proujansky MD

Mailing Address Box 269

City State Zip Code
Wilmington DE 19899-0269

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

Name of Employer Occupation
Alfred I. duPont Hospital for Children Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : 22565874

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey M Fried FACHE

Mailing Address 424 Savannah Road

City State Zip Code
Lewes DE 19958-1462

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

Name of Employer Occupation
Beebe Healthcare President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : 22565891

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Anthony Condia

Mailing Address 2910 Sun Way

City State Zip Code
Morgantown WV 26505-0094

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

Name of Employer Occupation
West Virginia University Hospitals VP, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : 22565944

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Anthony Zelenka
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Klee Drive
 City Martinsburg State WV Zip Code 25403-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Healthcare Occupation President & CEO
 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
 07 / 16 / 2015
Transaction ID : 22565945
 Amount of Each Receipt this Period
 250.00

B. Mr. Gary A. Murdock
 Full Name (Last, First, Middle Initial)
 Mailing Address 678 Colonial Dr.
 City Morgantown State WV Zip Code 26505-2423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Hospitals Occupation VP Planning & External Relations
 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
 07 / 16 / 2015
Transaction ID : 22565947
 Amount of Each Receipt this Period
 250.00

C. Dr. Judie Charlton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 328 Rotary Street
 City Morgantown State WV Zip Code 26505-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Hospitals Occupation Chief Medical Officer
 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
 07 / 16 / 2015
Transaction ID : 22565954
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 129
	<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)
American Hospital Association PAC

A. Dr. Albert Wright PharmD, MH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Waterfront Place Suite 1206

City	State	Zip Code
Morgantown	WV	26501-5964

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

Name of Employer	Occupation
West Virginia University Hospitals	President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : 22565956

Amount of Each Receipt this Period
 500.00

B. Ms. Teresa E. McCabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Station Terrace East

City	State	Zip Code
Martinsburg	WV	25403-4006

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

Name of Employer	Occupation
University Healthcare	VP, Marketing/Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : 22565957

Amount of Each Receipt this Period
 250.00

C. Ms. Cindy Alloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 21046 Arbor Ct

City	State	Zip Code
Elkhorn	NE	68022-2312

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

Name of Employer	Occupation
CHI Health Lakeside	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
467.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : 22565979

Amount of Each Receipt this Period
 467.50

SUBTOTAL of Receipts This Page (optional).....▶	1217.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 129
	<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)
American Hospital Association PAC

A. Mr. Peter A Kaprielyan
 Full Name (Last, First, Middle Initial)
 Mailing Address 985 Oak Crest Lane
 City State Zip Code
 Media PA 19063-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inspira Health Network Vice President Government and External
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : 22565991
 Amount of Each Receipt this Period
 650.00

B. Mr. Morgan Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1100
 City State Zip Code
 Magee MS 39111-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pioneer Health Services VP of Business Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22566001
 Amount of Each Receipt this Period
 310.00

c. Mr. Matthew L Anderson JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 City State Zip Code
 Saint Paul MN 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Vice President, Regulatory/Strategic A
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 599.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22567155
 Amount of Each Receipt this Period
 323.05

SUBTOTAL of Receipts This Page (optional).....▶	1283.05
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 48 OF 129
	(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)
American Hospital Association PAC

A. Ms. Wendy Burt
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.
Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Communications & Publi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : 22567157

Amount of Each Receipt this Period
134.61

B. Ms. Tania Daniels
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Patient Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : 22567158

Amount of Each Receipt this Period
134.61

C. Ms. Ann Gibson
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : 22567159

Amount of Each Receipt this Period
134.61

SUBTOTAL of Receipts This Page (optional).....▶	403.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Rahul Koranne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue West, Suite
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Senior Vice President, CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22567178
 Amount of Each Receipt this Period
 333.34

B. Ms. Kristin Loncorich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Director of State Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22567179
 Amount of Each Receipt this Period
 134.61

C. Mr. Lawrence J Massa
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue West, Suite
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22567180
 Amount of Each Receipt this Period
 770.00

SUBTOTAL of Receipts This Page (optional).....▶	1237.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 129
	<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)
American Hospital Association PAC

A. Mr. Ben Peltier
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.
Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Legal Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **740.11**

Date of Receipt **07 / 20 / 2015**

Transaction ID : 22567196

Amount of Each Receipt this Period **409.29**

B. Joseph A Schindler
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **07 / 20 / 2015**

Transaction ID : 22567197

Amount of Each Receipt this Period **134.61**

C. Mr. Mark Sonneborn
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President of Information Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **07 / 20 / 2015**

Transaction ID : 22567199

Amount of Each Receipt this Period **134.61**

SUBTOTAL of Receipts This Page (optional)..... **678.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 129
	<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)
American Hospital Association PAC

A. Ms. Peggy Westby
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22567201
 Amount of Each Receipt this Period
 134.61

B. Mr. Steve Smoot
 Full Name (Last, First, Middle Initial)
 Mailing Address 1034 North 500 West
 City Provo State UT Zip Code 84604-3380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah Valley Regional Medical Center Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : 22584179
 Amount of Each Receipt this Period
 500.00

C. Mr. Troy Martens
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Kenyon Road
 City Fort Dodge State IA Zip Code 50501-5740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnityPoint Health - Trinity Regional M Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : 22584207
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	884.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 129
	<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)
American Hospital Association PAC

A. Mr. Martin W Guthmiller
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Lincoln Circle SE

City Orange City State IA Zip Code 51041-1398

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

Name of Employer Orange City Area Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2015
Transaction ID : 22584210

Amount of Each Receipt this Period 250.00

B. Dr. Janice E. Nevin MD, MPH
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 6001

City Newark State DE Zip Code 19714-6001

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

Name of Employer Christiana Care Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2015
Transaction ID : 22584652

Amount of Each Receipt this Period 500.00

C. Ms. Elaine Couture BSN, MBA,
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2555

City Spokane State WA Zip Code 99220-2555

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

Name of Employer Providence Sacred Heart Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 24 / 2015
Transaction ID : 22585631

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. C Scott Bond
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Elliott Avenue West, Suite 300
 City Seattle State WA Zip Code 98119-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington State Hospital Association Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : 22585632
 Amount of Each Receipt this Period
 750.00

B. Mr. N Travis Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Memorial Drive
 City Luray State VA Zip Code 22835-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Page Memorial Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585640
 Amount of Each Receipt this Period
 350.00

C. Ms. Patti Jurkus
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 688
 City Bedford State VA Zip Code 24523-0688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bedford Memorial Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585641
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 129
	<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)
American Hospital Association PAC

A. Dr. Michael McDermott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Sam Perry Boulevard
 City Fredericksburg State VA Zip Code 22401-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mary Washington Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2015
Transaction ID : 22585642
 Amount of Each Receipt this Period 500.00

B. Mr. Patrick B Nolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 North Shenandoah Avenue
 City Front Royal State VA Zip Code 22630-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warren Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2015
Transaction ID : 22585643
 Amount of Each Receipt this Period 350.00

C. Mr. E W Tibbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 Atherholt Road
 City Lynchburg State VA Zip Code 24501-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centra Health, Inc. Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2015
Transaction ID : 22585645
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 129
	<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)
American Hospital Association PAC

A. Mr Ralph Whatley
Full Name (Last, First, Middle Initial)

Mailing Address 85 Stoneledge Dr

City Roanoke State VA Zip Code 24019-8503

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

Name of Employer Carilion Clinic Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585646

Amount of Each Receipt this Period
 350.00

B. Ms. Kathleen B Heatwole
Full Name (Last, First, Middle Initial)

Mailing Address 637 Locust Ave

City Waynesboro State VA Zip Code 22980-4416

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

Name of Employer Augusta Health Occupation Vice President Planning and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585656

Amount of Each Receipt this Period
 350.00

C. Ms Darleen Mastin
Full Name (Last, First, Middle Initial)

Mailing Address 4748 Totteridge Lane

City Virginia Beach State VA Zip Code 23462

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

Name of Employer Sentara Healthcare Occupation Sr. Vice President/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585657

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 129
	<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)
American Hospital Association PAC

A. Mr. Mark H Merrill
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3340
 City Winchester State VA Zip Code 22604-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585659
 Amount of Each Receipt this Period
 500.00

B. Ms. Mary Morin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3523 Colmar Quarter
 City Norfolk State VA Zip Code 23509-1246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Norfolk General Hospital Occupation Director, Acute Care Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585660
 Amount of Each Receipt this Period
 350.00

C. Ms. Sylvia Richendollar
 Full Name (Last, First, Middle Initial)
 Mailing Address 5466 Hunt Club Drive
 City Virginia Beach State VA Zip Code 23462-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Norfolk General Hospital Occupation Director Laboratory Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585661
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Darlene Stephenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Sir John Way
 City State Zip Code
 Seaford VA 23696-2472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mary Immaculate Hospital Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : 22585662
 Amount of Each Receipt this Period
 350.00

B. Mr. John T Porter
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 West Avera Drive, Suite 300
 City State Zip Code
 Sioux Falls SD 57108-5721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Health President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 22585671
 Amount of Each Receipt this Period
 500.00

C. Mr. David Feess
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1002
 City State Zip Code
 Liberty MO 64069-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Liberty Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 22585726
 Amount of Each Receipt this Period
 850.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00
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 58 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William T Manson III
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 North Fant Street
 City Anderson State SC Zip Code 29621-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AnMed Health Medical Center Occupation Chief Executive Officer
 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
 07 / 27 / 2015
Transaction ID : 22585737
 Amount of Each Receipt this Period
 1250.00

B. Mr. John A Miller Jr FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Spring Back Way
 City Anderson State SC Zip Code 29621-2676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AnMed Health Medical Center Occupation Interim Director, AnMed Health Foundat
 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
 07 / 27 / 2015
Transaction ID : 22585738
 Amount of Each Receipt this Period
 750.00

C. Mr Gregory Hudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Cleyera Ct
 City Simpsonville State SC Zip Code 29681-3684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Francis Health System Occupation Senior Vice President-Strategic Planni
 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
 07 / 27 / 2015
Transaction ID : 22585740
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Terry Gunn
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 7003
 City Camden State SC Zip Code 29021-7003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KershawHealth Occupation Interim Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 22585742
 Amount of Each Receipt this Period
 250.00

B. Mr. Thomas C Dandridge FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 St Matthews Road
 City Orangeburg State SC Zip Code 29118-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 22585743
 Amount of Each Receipt this Period
 500.00

C. Mr. Steve Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1909
 City Madison State MS Zip Code 39130-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Hospital Association Occupation President/CEO, Stratagem, Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 22585867
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 129
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard G Hilton
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1506

City Starkville State MS Zip Code 39760-1506

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

Name of Employer OCH Regional Medical Center Occupation Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 22585873

Amount of Each Receipt this Period
50.00

B. Mr. Douglas A Jones
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 16389

City Hattiesburg State MS Zip Code 39404-6389

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

Name of Employer Forrest General Hospital Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 22585876

Amount of Each Receipt this Period
250.00

c. Dr. Marcella McKay Ph.D.
Full Name (Last, First, Middle Initial)

Mailing Address 322 Helmsley Drive

City Brandon State MS Zip Code 39047-8159

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

Name of Employer Mississippi Hospital Association Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 22585883

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 129
	<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)
American Hospital Association PAC

A. Mr. William C Oliver
Full Name (Last, First, Middle Initial)

Mailing Address 6051 U S Highway 49

City Hattiesburg State MS Zip Code 39401-7200

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

Name of Employer Forrest General Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 23 / 2015
Transaction ID : 22585887

Amount of Each Receipt this Period 500.00

B. Mr. Gerald D Wages
Full Name (Last, First, Middle Initial)

Mailing Address 830 South Gloster Street

City Tupelo State MS Zip Code 38801-4934

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

Name of Employer North Mississippi Health Services, Inc Occupation Executive Vice President for External

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2015
Transaction ID : 22585896

Amount of Each Receipt this Period 500.00

C. Mr. Dennis Barts
Full Name (Last, First, Middle Initial)

Mailing Address 100 Health Park Drive

City Louisville State CO Zip Code 80027-9583

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

Name of Employer Avista Adventist Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22594391

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Heidi Baskfield

Mailing Address 13123 East 16th Avenue

City State Zip Code
Aurora CO 80045-7106

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

Name of Employer Occupation
Children's Hospital Colorado Director of Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22594392

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Robert Vissers

Mailing Address 1100 Balsam Ave

City State Zip Code
Boulder CO 80304-3404

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

Name of Employer Occupation
Boulder Community Health Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22594393

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Donna D Poduska

Mailing Address 2430 Merino Court

City State Zip Code
Fort Collins CO 80526-1431

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

Name of Employer Occupation
Poudre Valley Hospital Director of Resource Services

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
 07 / 28 / 2015
Transaction ID : 22594537

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00

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 63 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kenneth Harman
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Cleveland Street
 City Meeker State CO Zip Code 81641-3238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pioneers Medical Center Occupation: Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 07 / 28 / 2015
Transaction ID : 22594538
 Amount of Each Receipt this Period: 500.00

B. Mr. Jeffrey Harrington
 Full Name (Last, First, Middle Initial)
 Mailing Address 13123 East 16th Avenue
 City Aurora State CO Zip Code 80045-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Children's Hospital Colorado Occupation: Chief Financial Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt: 07 / 28 / 2015
Transaction ID : 22594541
 Amount of Each Receipt this Period: 250.00

C. Ms. Jena Hausmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 13123 East 16th Avenue
 City Aurora State CO Zip Code 80045-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Children's Hospital Colorado Occupation: Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 07 / 28 / 2015
Transaction ID : 22594542
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 129
	<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)
American Hospital Association PAC

A. Ms. Barbara A. Jahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 Franklin Street
 City State Zip Code
 Denver CO 80218-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Joseph Hospital Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22594544
 Amount of Each Receipt this Period
 250.00

B. Mr. Larry L Dupper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1906 Blake Avenue
 City State Zip Code
 Greenwood Springs CO 81601-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley View Hospital Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22594563
 Amount of Each Receipt this Period
 250.00

C. Mr. Gary L Brewer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1906 Blake Avenue
 City State Zip Code
 Greenwood Springs CO 81601-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley View Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22594564
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 65 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathy A. Bizarro FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 544 Upper Straw Rd
 City Hopkinton State NH Zip Code 03229-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.50

Date of Receipt 07 / 28 / 2015
Transaction ID : 22595936
 Amount of Each Receipt this Period 22.75

B. Mr. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Road
 City Concord State NH Zip Code 03301-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22595937
 Amount of Each Receipt this Period 45.50

C. Ms. Paula Minnehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 283 Gallopiny Hill Road
 City Hopkinton State NH Zip Code 03229-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.80

Date of Receipt 07 / 28 / 2015
Transaction ID : 22595938
 Amount of Each Receipt this Period 16.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.95
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 66 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. George W Greene ESQ

Mailing Address 707 Richards Street, PH2

City State Zip Code
Honolulu HI 96813-4613

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

Name of Employer Occupation
Healthcare Association of Hawaii President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22595943

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
B. Mr. Richard L. Miller

Mailing Address #4 Stony Point Road

City State Zip Code
Charleston WV 25314-1670

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

Name of Employer Occupation
West Virginia Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595946

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Jeffrey A Powelson

Mailing Address 1325 Hickory Corner Road

City State Zip Code
Philippi WV 26416-8050

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

Name of Employer Occupation
Broaddus Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595947

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard M Ash
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Eastvold Avenue
 City Ortonville State MN Zip Code 56278-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortonville Area Health Services Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.50

Date of Receipt 07 / 28 / 2015
Transaction ID : 22597945
 Amount of Each Receipt this Period 42.50

B. Mr. Dennis C Miley
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 West 1st Street
 City Paynesville State MN Zip Code 56362-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CentraCare Health-Paynesville Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22597946
 Amount of Each Receipt this Period 250.00

C. Mr. Bill Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 North Elm Street
 City Onamia State MN Zip Code 56359-7901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mille Lacs Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22597947
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 542.50
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 129
	<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)
American Hospital Association PAC

A. Ms. Mary Ellen Wells FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1013 Hart Boulevard
 City Monticello State MN Zip Code 55362-8575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CentraCare Health-Monticello Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22597948
 Amount of Each Receipt this Period
 500.00

B. Mr. Jose Balderrama
 Full Name (Last, First, Middle Initial)
 Mailing Address 184 E. Midland Avenue
 City Paramus State NJ Zip Code 07652-4626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Health System Occupation Vice President Human Resoruces
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22597985
 Amount of Each Receipt this Period
 227.50

C. Ms. Theresa L. Edelstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Harvest Lane
 City Livingston State NJ Zip Code 07039-2750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22597986
 Amount of Each Receipt this Period
 13.00

SUBTOTAL of Receipts This Page (optional).....▶	740.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 69 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

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

Name of Employer Occupation
New Jersey Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
257.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22597987

Amount of Each Receipt this Period
26.65

Full Name (Last, First, Middle Initial)
B. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355-3441

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

Name of Employer Occupation
New Jersey Hospital Association Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22597988

Amount of Each Receipt this Period
48.10

Full Name (Last, First, Middle Initial)
C. Mr. Jeffrey L. Oskin

Mailing Address 109 Olde Ash Lane

City State Zip Code
Charleston WV 25311-1702

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

Name of Employer Occupation
Charleston Area Medical Center VP/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22629795

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 324.75

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 70 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael D. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Capitol Street Suite 500 B
 City Charleston State WV Zip Code 25301-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation VP/Administrator - General Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22629796
 Amount of Each Receipt this Period
 250.00

B. Mr. Jeffrey H. Goode
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Sheridan Drive
 City Saint Albans State WV Zip Code 25177-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation VP Ambulatory Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22629797
 Amount of Each Receipt this Period
 250.00

C. Mr. Dale R. Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 Saint Ives Drive
 City Hurricane State WV Zip Code 25526-9474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation VP System Improvement & CQO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22629798
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 129
	<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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr James Dover

Mailing Address 1156 Boulder Creek Dr

City State Zip Code
O Fallon IL 62269-0087

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

Name of Employer Occupation
Hospital Sisters Health System Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015
Transaction ID : 22630529

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
B. Ms. Barbara J Martin RN

Mailing Address 1324 North Sheridan Road

City State Zip Code
Waukegan IL 60085-2161

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

Name of Employer Occupation
Vista Medical Center East President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1320.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015
Transaction ID : 22630530

Amount of Each Receipt this Period
1320.00

Full Name (Last, First, Middle Initial)
C. Ms. Mary Starmann-Harrison FACHE

Mailing Address P O Box 19456

City State Zip Code
Springfield IL 62794-9456

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

Name of Employer Occupation
Hospital Sisters Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015
Transaction ID : 22630531

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional).....	3720.00
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 72 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Loren Hughes

Mailing Address 3526 S Arbor Lake Dr

City State Zip Code
Edwardsville IL 62025-7754

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

Name of Employer Occupation
Hospital Sisters Health System President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22630532

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
B. Mr. Brian Reardon

Mailing Address 58 Glen Eagle Drive

City State Zip Code
Springfield IL 62246-1156

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

Name of Employer Occupation
Hospital Sisters Health System Vice President, External Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22630533

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
C. Mr. Mark S. Shashek

Mailing Address 9106 Fruit Road

City State Zip Code
Edwardsville IL 62025-6608

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

Name of Employer Occupation
Anderson Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22630534

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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 73 OF 129
	<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)
American Hospital Association PAC

A. Mr. Dolan Dalpoas
Full Name (Last, First, Middle Initial)

Mailing Address 200 Stahlhut Drive

City Lincoln State IL Zip Code 62656-5066

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

Name of Employer Abraham Lincoln Memorial Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22632042

Amount of Each Receipt this Period 480.00

B. Mr. Michael W Cottrell
Full Name (Last, First, Middle Initial)

Mailing Address 2409 Aaron Ct.

City Springfield State IL Zip Code 62704-7014

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

Name of Employer Hospital Sisters Health System Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22632043

Amount of Each Receipt this Period 400.00

C. Ms. Mary S. Embertson
Full Name (Last, First, Middle Initial)

Mailing Address 514 Walker Ridge

City Rochester State IL Zip Code 62563-9291

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

Name of Employer Hospital Sisters Health System Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22632044

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1280.00

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 74 OF 129
	<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)
American Hospital Association PAC

A. Ms. Patricia Fischer
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 1215

City Litchfield	State IL	Zip Code 62056-0999
--------------------	-------------	------------------------

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

Name of Employer St. Francis Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22632045

Amount of Each Receipt this Period
400.00

B. Mr. Keith Allen Page
Full Name (Last, First, Middle Initial)
Mailing Address 6800 State Route 162

City Maryville	State IL	Zip Code 62062-8500
-------------------	-------------	------------------------

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

Name of Employer Anderson Hospital	Occupation President and Chief Executive Officer
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22632046

Amount of Each Receipt this Period
400.00

C. Mr. Steve Umland
Full Name (Last, First, Middle Initial)
Mailing Address 4304 Fox Hal Ln

City Springfield	State IL	Zip Code 62711-6804
---------------------	-------------	------------------------

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

Name of Employer Hospital Sisters Health System	Occupation Regional Chief Financial Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22632047

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 75 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Melinda Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 Teakwood Dr
 City Springfield State IL Zip Code 62712-8785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Sisters Health System Occupation President & Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22632103
 Amount of Each Receipt this Period
 280.00

B. Mr. Mark F Slyter FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2511
 City Baton Rouge State LA Zip Code 70821-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baton Rouge General Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22632854
 Amount of Each Receipt this Period
 750.00

c. Dr. Joseph E Bisordi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22632855
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1530.00
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 76 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr Cretan Allen Meadows
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 Coolidge Boulevard
 City Lafayette State LA Zip Code 70503-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lafayette General Health Occupation SVP Strategy Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22632856
 Amount of Each Receipt this Period 500.00

B. Mrs. Rebecca Dowdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9521 Brookline Avenue
 City Baton Rouge State LA Zip Code 70809-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisiana Hospital Association Occupation Associate Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22632857
 Amount of Each Receipt this Period 500.00

C. Mr. James K Elrod FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Greenwood Road
 City Shreveport State LA Zip Code 71103-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willis-Knighton Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22632858
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 129
	<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)
American Hospital Association PAC

A. Mr. John J Finan Jr FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Essen Lane
 City Baton Rouge State LA Zip Code 70809-2196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan Missionaries of Our Lady He Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22632859
 Amount of Each Receipt this Period 750.00

B. Mr. Michael Hulefeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22632860
 Amount of Each Receipt this Period 500.00

C. Mr. James T Montgomery FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Foucher Street
 City New Orleans State LA Zip Code 70115-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touro Infirmary Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22632861
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Phyllis L. Peoples MSN, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8166 Main Street
 City Houma State LA Zip Code 70360-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Terrebonne General Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22632862
 Amount of Each Receipt this Period
 500.00

B. Ms Dawn Pevey-Mauk
 Full Name (Last, First, Middle Initial)
 Mailing Address 17000 Medical Center Drive
 City Baton Rouge State LA Zip Code 70816-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center-Baton Rouge Occupation CNO-Baton Rouge Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22632863
 Amount of Each Receipt this Period
 500.00

C. Mr. Warner L Thomas FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633137
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 79 OF 129
	<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)
American Hospital Association PAC

A. Mr. Greg Waddell
Full Name (Last, First, Middle Initial)

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809-1431

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

Name of Employer Louisiana Hospital Association Occupation Vice President Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22633138

Amount of Each Receipt this Period 500.00

B. Mr Travis Capers
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Belle Chasse Highway

City Terrytown State LA Zip Code 70056-7127

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

Name of Employer Ochsner Medical Center - West Bank Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22633139

Amount of Each Receipt this Period 375.00

C. Ms. Karen S. Collins RN
Full Name (Last, First, Middle Initial)

Mailing Address 200 West 134th Place

City Cut Off State LA Zip Code 70345-4143

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

Name of Employer Lady of the Sea General Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22633140

Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 80 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bradley R Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Medical Center Drive
 City Slidell State LA Zip Code 70461-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center - North Shore Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633141
 Amount of Each Receipt this Period
 375.00

B. Mr Jimmy Cathey
 Full Name (Last, First, Middle Initial)
 Mailing Address 15790 Paul Vega MD Drive
 City Hammond State LA Zip Code 70403-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Oaks Health System Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633201
 Amount of Each Receipt this Period
 300.00

C. Ms Lisa Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1901
 City Monroe State LA Zip Code 71210-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Medical Center Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633202
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00
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 81 OF 129
	<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)
American Hospital Association PAC

A. Ms. Kathleen Derouen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation Senior Vice President Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : 22633203
 Amount of Each Receipt this Period **250.00**

B. Ms Kristie Genzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation System Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : 22633204
 Amount of Each Receipt this Period **250.00**

C. Mr Richard Guthrie
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : 22633205
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 129
	<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)
American Hospital Association PAC

A. Ms. Nancy R Hellyer RN, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Masonic Drive
 City Alexandria State LA Zip Code 71301-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS St. Frances Cabrini Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : 22633214
 Amount of Each Receipt this Period **250.00**

B. Mr. Jeff Limbocker
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Hennessy Boulevard
 City Baton Rouge State LA Zip Code 70808-4375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Our Lady of the Lake Regional Medical Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : 22633215
 Amount of Each Receipt this Period **250.00**

C. Mr. Donald H Lloyd II
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3401
 City Lake Charles State LA Zip Code 70602-3401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS St. Patrick Hospital of Lake Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : 22633216
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 129
	<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)
American Hospital Association PAC

A. Ms. Tracey Moffatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Midway Dr
 City State Zip Code
 New Orleans LA 70123-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Health System System VP Quality & CNO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633217
 Amount of Each Receipt this Period
 250.00

B. Ms Shelly R. Monks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City State Zip Code
 New Orleans LA 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Health System System VP, Education
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633218
 Amount of Each Receipt this Period
 250.00

C. Mr. Mark S. Muller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City State Zip Code
 New Orleans LA 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Health System System VP, Strategy & Business Develop
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633222
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 129
	<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)
American Hospital Association PAC

A. Ms. Stephanie T Wells , CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Medical Ctr Blvd, 7th FL
 City Marrero State LA Zip Code 70072-3151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisiana Continuing Care Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22633223
 Amount of Each Receipt this Period 250.00

B. Mr. Robert K Wolterman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22633224
 Amount of Each Receipt this Period 250.00

C. Mr. Charles P Whitson CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation Senior Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22633225
 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional).....▶	725.00
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 85 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Charles D Daigle

Mailing Address 2600 Greenwood Road

City State Zip Code
Shreveport LA 71103-3908

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

Name of Employer Occupation
Willis-Knighton Health System Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633226

Amount of Each Receipt this Period
187.50

Full Name (Last, First, Middle Initial)
B. Mr. Wayne M Arboneaux

Mailing Address 135 Highway 402

City State Zip Code
Napoleonville LA 70390-2217

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

Name of Employer Occupation
Assumption Community Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633257

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Mr. Bryan S Bateman

Mailing Address 4200 Nelson Road

City State Zip Code
Lake Charles LA 70605-4118

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

Name of Employer Occupation
Lake Area Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633260

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 462.50

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

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

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

FOR LINE NUMBER: PAGE 86 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Kristie Genzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City State Zip Code
 New Orleans LA 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Health System System Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22633285
 Amount of Each Receipt this Period
 50.00

B. Mr. Michael Guerriero
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City State Zip Code
 Princeton NJ 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22633394
 Amount of Each Receipt this Period
 6.50

C. Mr. Leslie D Hirsch FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Pocono Road
 City State Zip Code
 Denville NJ 07834-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Clare's Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 910.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22633395
 Amount of Each Receipt this Period
 130.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 186.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 129
	<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)
American Hospital Association PAC

A. Mr. Sean J. Hopkins
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Lower Mountain Road

City New Hope	State PA	Zip Code 18938-5760
------------------	-------------	------------------------

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

Name of Employer New Jersey Hospital Association	Occupation Sr. VP., Health Economics
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22633396

Amount of Each Receipt this Period

86.35

B. Mr. David P. Lavins
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fox Chase Road

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

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

Name of Employer New Jersey Hospital Association	Occupation Chief Financial Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22633399

Amount of Each Receipt this Period

6.50

C. Mr. John Slotman
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

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

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

Name of Employer New Jersey Hospital Association	Occupation VP, GME and Teaching Hospital Issues
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.29**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22633406

Amount of Each Receipt this Period

46.80

SUBTOTAL of Receipts This Page (optional).....	86.35
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 129
	<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)
American Hospital Association PAC

A. Ms. Jenny L. Gibson
Full Name (Last, First, Middle Initial)
Mailing Address 1938 County Lane 291
City Joplin State MO Zip Code 64804-2103
FEC ID number of contributing federal political committee. **C**
Name of Employer Freeman Health System Occupation Prof. Support Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 28 / 2015
Transaction ID : 22644439
Amount of Each Receipt this Period 0.00
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

B. Ms. Melinda Reid Hatton
Full Name (Last, First, Middle Initial)
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
City Washington State DC Zip Code 20001-5188
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1045726235293
Amount of Each Receipt this Period 76.94
P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. David Schulke
Full Name (Last, First, Middle Initial)
Mailing Address 155 N. Wacker Dr.
City Chicago State IL Zip Code 60606-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation VP Research Programs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1057462135293
Amount of Each Receipt this Period 76.94
P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 129
	<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)
American Hospital Association PAC

A. Ms. Sarah B. Macchiarola
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1082532735293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Barbara Jelen
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 N Royal St
 City Alexandria State VA Zip Code 22314-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1113464235293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Lisa Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1118928235293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 80.82
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 129
	<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)
American Hospital Association PAC

A. Mr. Dale A Kirby
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 331
 City Colusa State CA Zip Code 95932-0331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR1125892335293
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Mary Meadows
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **202.05**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR1260472935293
 Amount of Each Receipt this Period **26.94**
 P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Jack A. Mackay
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR1347703635293
 Amount of Each Receipt this Period **38.48**
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	142.36
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 91 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Susan Gergely MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1347791035293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Heather Drevna
 Full Name (Last, First, Middle Initial)
 Mailing Address 3205 Ravensworth PL
 City Alexandria State VA Zip Code 22302-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Advocacy and Member Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1348169735293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Sharon Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASHHRA Occupation Associate Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1474886235293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.82
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 129
	<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)
American Hospital Association PAC

A. Mr. Mark Colucci
Full Name (Last, First, Middle Initial)
Mailing Address 1061 N Penny Ln
City Palatine State IL Zip Code 60067-1821
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1475133735293
Amount of Each Receipt this Period 38.48
P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Fannie D. Wade
Full Name (Last, First, Middle Initial)
Mailing Address 7706 Heartwood Lane
City Upper Marlboro State MD Zip Code 20772-4323
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Executive Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1476385735293
Amount of Each Receipt this Period 26.94
P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Monica D Day
Full Name (Last, First, Middle Initial)
Mailing Address 4301 Telfair Blvd B219
City Suitland State MD Zip Code 20746-4297
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1516850635293
Amount of Each Receipt this Period 26.94
P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 92.36
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 129
	<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)
American Hospital Association PAC

A. Ms. Elisa Arespachaga
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Director, Constituency Secti
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1555656235293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Kathy Poole
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1589439935293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Kimberly Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director Travel Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1590809135293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	80.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bob Kehoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr Fl 7
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Facilities Management Magazine Occupation Executive Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1625368335293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Mr. Bill Ladewski
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Membership Associate, Center for Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1625369135293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Joan M. M Ryzner
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Education Program Manager, HRET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1625587835293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	80.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 129
	<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)
American Hospital Association PAC

A. Ms. Monique Showalter
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Director, Marketing AHA Solutions, Inc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR1625602235293

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

B. Mr. Stephen Hines
Full Name (Last, First, Middle Initial)

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1709

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

Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR1648726635293

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Erik Rasmussen
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR1819487935293

Amount of Each Receipt this Period **76.94**

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

SUBTOTAL of Receipts This Page (optional).....▶	130.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 129
	<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)
American Hospital Association PAC

A. Ms. Aimee Kuhlman
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Fed. Relatio

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1877582335293

Amount of Each Receipt this Period 26.94

P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Shari Dexter
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1878189835293

Amount of Each Receipt this Period 38.48

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

C. Ms Beverly Hancock
Full Name (Last, First, Middle Initial)

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1787

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

Name of Employer American Hospital Association-Chicago Occupation Dir Educational Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1913189335293

Amount of Each Receipt this Period 26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 92.36

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Joanna Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1913190535293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Evelyn Knolle
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1913190735293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Juanita Myrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Employee Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.50

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1913192535293
 Amount of Each Receipt this Period 27.00
 P/R Deduction (\$13.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	92.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 129
	<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)
American Hospital Association PAC

A. Ms. Jennifer Schleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Media Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1913194035293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Janet Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1937843135293
 Amount of Each Receipt this Period 97.28
 P/R Deduction (\$48.64 Bi-Weekly)

C. Ms. Diane Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR1943461535293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 129
	<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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Stacey Chappell

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1787

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

Name of Employer AONE Occupation Senior Communications Specialist, Advo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR1963876235293

Amount of Each Receipt this Period **26.94**

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Jeff Goldman

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Vice President of Coverage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR1978358635293

Amount of Each Receipt this Period **19.24**

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

Full Name (Last, First, Middle Initial)
C. Ms Kristina Weger

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.03**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR2058887035293

Amount of Each Receipt this Period **45.46**

P/R Deduction (\$22.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **91.64**

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 100 OF 129
	<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)
American Hospital Association PAC

A. Mr Travis E Robey
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Fed Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt 07 / 31 / 2015
Transaction ID : PR2060308235293

Amount of Each Receipt this Period 45.46

P/R Deduction (\$22.73 Bi-Weekly)

B. Ms. Linda Fishman
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR327629135293

Amount of Each Receipt this Period 76.94

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

C. Mr. Michael P. McCue
Full Name (Last, First, Middle Initial)

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR327771635293

Amount of Each Receipt this Period 76.94

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.34

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 101 OF 129
	<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)
American Hospital Association PAC

A. Ms. Suzanne R. Sonik
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR32777235293
 Amount of Each Receipt this Period **38.48**
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City Oak Park State IL Zip Code 60304-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR32777835293
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Neil Jesuele
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR327801735293
 Amount of Each Receipt this Period **38.48**
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Pamela Austin Thompson MS, RN, FA

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

City Washington State DC Zip Code 20001-5188

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

Name of Employer AONE Occupation AHA Senior Vice President, CEO America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
07 / 31 / 2015

Transaction ID : PR327812035293

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
B. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
07 / 31 / 2015

Transaction ID : PR327831735293

Amount of Each Receipt this Period
38.48

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

Full Name (Last, First, Middle Initial)
C. Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City Washington State DC Zip Code 20008-2614

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

Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
07 / 31 / 2015

Transaction ID : PR327851935293

Amount of Each Receipt this Period
38.48

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

SUBTOTAL of Receipts This Page (optional).....▶	153.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 OF 129
	(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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark Seklecki		Date of Receipt MM / DD / YYYY 07 / 31 / 2015
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400		Transaction ID : PR327858035293
City Washington	State DC	Zip Code 20001-5188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Political Affairs	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05	

Full Name (Last, First, Middle Initial) B. Mr. John F. Barry		Date of Receipt MM / DD / YYYY 07 / 31 / 2015
Mailing Address One North Franklin		Transaction ID : PR327877835293
City Millis	State MA	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05	

Full Name (Last, First, Middle Initial) C. Mr. George F. Bergstrom		Date of Receipt MM / DD / YYYY 07 / 31 / 2015
Mailing Address 130 North Garland Court #3002		Transaction ID : PR327895735293
City Chicago	State IL	Zip Code 60602-4750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation Vice President	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05	

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 104 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Eileen M. Collins Offner
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director Policy Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR327906135293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Thomas J. Bonner FACHE
 Mailing Address P.O. Box 679010
 City Austin State TX Zip Code 78767-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR327983735293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Richard J. Umbdenstock
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR328132835293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 180.82
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 105 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City State Zip Code
La Grange IL 60525-6406

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

Name of Employer Occupation
American Hospital Association-Chicago Sr. Vice President, Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR328136935293

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
B. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City State Zip Code
Chicago IL 60640-1318

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR328223835293

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
C. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR328241435293

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard J. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 22207-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR328260935293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Clover Hill Court
 City Yardley State PA Zip Code 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR328511835293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City Arlington State VA Zip Code 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR328512035293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 129
	<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)
American Hospital Association PAC

A. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 City Chicago State IL Zip Code 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director, Health Data Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR328641135293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

B. Mr. Anthony S Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AHA Solutions, Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR328913335293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Rebecca Chickey
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City Chicago State IL Zip Code 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation SPSA Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR329013435293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.90
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 108 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. John R. Combes
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR329071335293
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Robyn L. Bash
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR329084435293
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Boulevard South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR329215735293
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **230.82**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 109 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City Chicago State IL Zip Code 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR329342635293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR330343335293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Thomas Misfeldt
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR330411635293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.36
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Maureen D. Mudron
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR330465235293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

B. Mr. Paul N. Muraca
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 138th Circle West
 City Apple Valley State MN Zip Code 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR330475435293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Gene O'Dell
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR330547735293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	142.36
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR330549235293

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
B. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City State Zip Code
Chicago IL 60634-3232

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

Name of Employer Occupation
American Hospital Association-Chicago Executive Director, Associate Membersh

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR331098335293

Amount of Each Receipt this Period
38.48

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

Full Name (Last, First, Middle Initial)
C. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

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

Name of Employer Occupation
American Hospital Association-Washingt Director, State Issues Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR331278835293

Amount of Each Receipt this Period
38.48

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 129
	<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)
American Hospital Association PAC

A. Ms. Darlene S. Vanderbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 West Glendale Ave.
 City Alexandria State VA Zip Code 22301-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Operations - APP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR331304235293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Jo Ann K Webb MHA, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation Senior Director of Federal Relations a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR331379135293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Judy Weinsheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR331386935293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	130.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 129
	<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)
American Hospital Association PAC

A. Mr. Dale L Woodin CHFM, FASH
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association Occupation Senior Executive Director Infrastructur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR331481335293
 Amount of Each Receipt this Period 13.47
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR518031935293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Laura M. Werner
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2015
Transaction ID : PR560101535293
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	128.89
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 114 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Ashley B. Thompson
 Mailing Address 606 S. Royal St.
 City Alexandria State VA Zip Code 22314-4142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR766023735293
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Rochelle M. Archuleta
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2015
Transaction ID : PR801366335293
 Amount of Each Receipt this Period 26.94
 P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C.
 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).....▶ 103.88
TOTAL This Period (last page this line number only).....▶ 99881.12

**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 115 OF 129
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City Rensselaer State NY Zip Code 12144

FEC ID number of contributing federal political committee. **C C00160259**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
165000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 22554109

Amount of Each Receipt this Period
 45000.00

Full Name (Last, First, Middle Initial)
B. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street Suite 800

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C C00237495**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22562743

Amount of Each Receipt this Period
 65000.00

Full Name (Last, First, Middle Initial)
C. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C C00422881**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 22585627

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	▶	110500.00
TOTAL This Period (last page this line number only).....	▶	110500.00

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

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

FOR LINE NUMBER: PAGE 116 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22635566

Amount of Each Receipt this Period
210.89

Interest Earned

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	210.89
TOTAL This Period (last page this line number only).....▶	210.89

**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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22635567

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22635568

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22635569

Amount of Each Disbursement this Period

Merchant Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22635570

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22635571

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tony Cardenas For Congress

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tony Cardenas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565182

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565183

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Erik P. Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565184

Amount of Each Disbursement this Period

1000.00

Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James B. Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565185

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Hal Dallas Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565186

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Greg P. Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565187

Amount of Each Disbursement this Period

5000.00

Contribution

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565188

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. BADGERPAC

Mailing Address P.O. Box 184

City La Crossse State WI Zip Code 54602

Purpose of Disbursement
2015 Contribution

011

Candidate Name
BADGERPAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565189

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. LOBO PAC

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2015 Contribution

011

Candidate Name
LOBO PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 22565190

Amount of Each Disbursement this Period

1000.00

2015 Contribution

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

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Making America Prosperous PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Making America Prosperous PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : 22565260

Amount of Each Disbursement this Period

2500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Orrin PAC

Mailing Address 175 S. West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Orrin PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : 22565261

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Samuel B. Graves Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : 22565262

Amount of Each Disbursement this Period

2500.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : 22565263

Amount of Each Disbursement this Period

1350.00

Contribution

Full Name (Last, First, Middle Initial)

B. STEVE PAC (Support to Ensure Victory Eve)

Mailing Address 4679 Winterset drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2015 Contribution

011

Candidate Name

STEVE PAC (Support to Ensure Victory Eve)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : 22565264

Amount of Each Disbursement this Period

2500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Brenda Lawrence For Congress

Mailing Address PO Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement
Contribution

011

Candidate Name

Brenda Lawrence

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : 22565949

Amount of Each Disbursement this Period

1000.00

Contribution

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

4850.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McNerney For Congress

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Jerry McNerney

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22565950

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Hoosiers For Rokita, Inc.

Mailing Address 5802 Oak Avenue

City Indianapolis State IN Zip Code 46219

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Todd Rokita

Office Sought: House
 Senate
 President
State: IN District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22565953

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Quigley For Congress

Mailing Address 2652 N Southport Avenue
Unit E

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Michael Quigley

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22565975

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Rick Larsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : 22565977

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Tim Kaine

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : 22595942

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Thune

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John R. Thune 3

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : 22597953

Amount of Each Disbursement this Period

1000.00

Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Transaction ID : 22597954

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Transaction ID : 22597955

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bobby Lee Rush

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Transaction ID : 22597956

Amount of Each Disbursement this Period

1500.00

Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : 22597957

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 232 Ne 9th

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : 22599331

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kathleen Rice For Congress

Mailing Address 410 Jericho Turnpike
Suite 200

City State Zip Code
Jericho NY 11753

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Kathleen M Rice

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : 22599332

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Elise For Congress

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement
Contribution

Candidate Name

Elise Stefanik

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : 22599333

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul David Tonko

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : 22599334

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brian Babin

Office Sought: House
 Senate
 President
State: TX District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : 22599335

Amount of Each Disbursement this Period

1500.00

Contribution

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brenda Lawrence For Congress

Mailing Address PO Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement
Void of 05/15 Check

011

Candidate Name

Brenda Lawrence

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : 22632169

Amount of Each Disbursement this Period

-1500.00

Void of 05/15 Check

Full Name (Last, First, Middle Initial)

B. Lawsons Caterers & Event Planners

Mailing Address 1350 I Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
In-kind Catering

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : 22635573

Amount of Each Disbursement this Period

343.52

In-kind Catering

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

-1156.48

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

45693.52