

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 8
<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)  
**America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)**

**A. Hauptert, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1065 Peachtree St NE  
 Unit 3405  
 City Atlanta State GA Zip Code 30309-3980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grady Health System Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2016  
**Transaction ID : 085BA01AE873439E830D**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Purves, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2601 E Roosevelt St  
 City Phoenix State AZ Zip Code 85008-4973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maricopa Integrated Health Systems Occupation (for Individual) President & CEO  
 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  
 11 / 01 / 2016  
**Transaction ID : B83720619F374637A071**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Shields, Charlie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 SE Erin Ct  
 City Saint Joseph State MO Zip Code 64507-7984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Truman Medical Centers Occupation (for Individual) President & CEO  
 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  
 10 / 31 / 2016  
**Transaction ID : FC7C3CB4FD8E4A798F35**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	5600.00