Image# 202207069517830410				07/06/2022 14 : 41
FEC FORM 1	STATEME ORGANIZ	-		PAGE 1 / 15 🗕
				Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
American Hospit	al Association P	AC		
ADDRESS (number and street)	800 Tenth Street, NW			
 (Check if address is changed) 	Two CityCenter, Suite 400			
ie enangee/	Washington			0001-4956
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	lwerner@aha.org			
is changed)	Optional Second E-Mail Ad	ldress		
	pac@aha.org			
(Check if address is changed)				
	6 / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	UMBER ► C c	00106146		
1. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined t	his Statement and to the best	t of my knowledge and belief	it is true, correct ar	nd complete.
	Hetter Mallada M			
ype or Print Name of Treasure	er Hatton, Melinda, , Ms.,			
Signature of Treasurer	on, Melinda, , Ms.,	[Electronically Filed]	Date 07	/ D D / Y Y Y 06 / 2022
NOTE: Submission of false, erron		may subject the person signing		ne penalties of 52 U.S.C. §30
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

07/06/2022 14 : 41

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democratication of the or subordinate)	atic, an, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:
Corporation Corporation w/o Capital Stock	r Organization
Membership Organization X Trade Association Coop	erative
✗ In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Loint Fundraicing Roprocontativo:	

Joint Fundraising Representative:

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

Relationship:

FEC Form 1 (Revi	ised 02/2009)	Page 3				
Write or Type Committee I	Name					
American H	ospital Association PAC					
6. Name of Any Connect American Hospit	ted Organization, Affiliated Committee, Joint Fundraising Representative, al Association	, or Leadership PAC Sponsor				
Mailing Address	800 Tenth Street, NW					
	Two CityCenter, Suite 400					
	Washington	20001-4956				
	CITY A STATE A	ZIP CODE				

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

Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

X Connected Organization

	Werner, Laura, , Ms.,			
Full Name				
Mailing Address	800 Tenth Street, NW			
	Two CityCenter, Suite 400			
	Washington			20001-4956
	CITY ▲		STATE 🔺	ZIP CODE
Title or Position	,			
Associate Director	; 	Telephone nu	imber 202	

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

Full Name	Hatton, Melinda, , Ms.,
of Treasurer	
Mailing Address	800 Tenth Street, NW
	Two CityCenter, Suite 400
	Washington DC 20001-4956
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Telephone number 202 - 626 - 2336

FEC Form 1 (Revised 02	2/2	20(09)																						Paç	ge 4	4	
Full Name of Designated Agent										 		I						1											
Mailing Address																													
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Title or Position ▼																													
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Bank		
Mailing Address	605 14th Street, NW		
	Washington	DC 20005	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Deposito	ry, etc.		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲

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Form/Schedule: F1A Transaction ID :

Adding Kentucky Hospital Association Political Action Committee as an affiliated PAC, adding additional contact email address and updating addresses for current affiliated PACs.

Form/Schedule: Transaction ID:

FFC	Form	1 S	(Revised	02/2017)
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5(g) or (h).	Joint Fundraising Participant:		
1. 🗌		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С

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

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

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

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE 🔺	ZIP CODE
	<u> </u>		Telephone Number	

Name of Bank, Depository, etc.																						
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4.		FEC ID number	С

 Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PAC of the Arizona Hospital & Healthcare Association

	a nospital & neattrica	10///0000000000000000000000000000000000		1
Mailing Address	2800 North Central Avenue			
	Suite 1450			
	Phoenix		AZ	85004
Relationship:	CITY	(🔺	STATE A	ZIP CODE
Connected	Organization X Affiliated Co	ommittee	undraising Representative	Leadership PAC Sponsor

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

Full Name																												
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or	r(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
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6. I	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
		Aissouri Hospital Association		
	Mailing Address	P.O. Box 60		
		4712 Country Club Drive		
		Jefferson City	MO	65102
	Relationship:			
- 8. [Connected			
- 8. [Connected Designated Agent: Identify	CITY A Organization Affiliated Committee Joint		
- 8. [Connected Designated Agent: Identify Full Name	CITY A Organization Affiliated Committee Joint		
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Mailing Address																							
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2.	FEC ID number	
3.	FEC ID number	
4	FEC ID number	

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

Mailing Address	2625 Winne Ave				
	Helena			MT 5960	01
Relationship:		CITY A		STATE A	ZIP CODE
Connected (Organization 🗶 Affiliat	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

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

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
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Name of Bank, Depository, etc.	<u> </u>																										
Mailing Address																											
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5(g)	or(h). Joint Fundraisin	g Participant:		
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	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponso	
	North Carolina Ho	ospital Association PAC - Federal		. 1
	Mailing Address	P.O. Box 4449		
		Cary	NC 27519 – – – – – – – – – – – – – – – – – – –	
	Relationship:	Cary CITY ▲	NC 27519 STATE ▲ ZIP CODE ▲	
				nsor
8.	Connected		STATE STATE	nsor
8.	Connected	CITY ▲ d Organization X Affiliated Committee Joint	STATE STATE	nsor
8.	Designated Agent: Identify	CITY ▲ d Organization X Affiliated Committee Joint	STATE STATE	nsor
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3.	FEC ID number	С
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Hospital and Healthsystem Assoc of PA Federal Political Action Committee

i lospital and i loatti	13y3tern / 3300 01 1													
	Mailing Address 30 North Third Street													
Mailing Address	30 North Third Street													
	Suite 600													
	Harrisburg			17101										
Relationship:	CI	TY 🔺	STATE A	ZIP CODE										
Connected	Organization X Affiliated	Committee Join	t Fundraising Representative	Leadership PAC Sponsor										

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

Full Name																																	
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5(g) c	or (h). Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	•	rganization, Affiliated Committee, Joint Fundr PAC of the Texas Hospital Associa	• •	e, or Leadership PAC Sponsor
		P.O. Box 679010		
	Mailing Address			
	Relationship:		STATE 🔺	ZIP CODE
	Connected C	Drganization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify b	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE

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

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Name of Bank, Depository, etc.	<u> </u>																					
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5(g) or (h). Joint Fundraising Participa	ant:	
1.	FEC ID num	nber C
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	on, Affiliated Committee, Joint Fundraising Represen New York State and Allied Associations'	
Mailing Address	pire Drive	
Renssel	laer N	IY 12144
Relationship:	CITY A STA	
Connected Organization	on X Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor

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

Full Name																																	
Mailing Address					1																								1				
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	4.		FEC ID number	С
6.		Drganization, Affiliated Committee, Joint Fundra	iising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. Box 259038		
		5510 Research Park Drive		
		Madison	WI	53725
	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
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4	4.		FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundrai Association Political Action Committe		e, or Leadership PAC Sponsor
	Mailing Address	2501 Nelson Miller Parkway		
		Louisville	KY	40253
	Relationship:		STATE A	
	Connected	Organization X Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8. Desi	gnated Agent: Identify	by name, address (phone number - optional)		
F	Full Name			
r	Mailing Address			
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