| Image# 20160127900465843 | 37 |
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| | |
| FEC | |
| FORM 3X | |

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| REPO |) RT | OF | REC | EIP | TS |
|------|-------------|-----|------|--------------|----|
| AND | DIS | BUF | RSEN | NEN . | TS |

For Other Than An Authorized Committee

| | | | | | | | Office Us | e Only | |
|---|---|---|----------------------|--------------------------------|----------------------|--------------|----------------|--------------------|---|
| 1. NAME OF COMMITTEE (i | | e or print ▼ | | mple: If typin r the lines. | ng, type | 12FE4N | 15 | | |
| American Hos | spital Associ | ation PAC | | | | | | | |
| | | | | | | | | | |
| ADDRESS (number a | | 00 Tenth Street, NW | | | | | | | |
| Check if di than previc | fferent | wo CityCenter, Suite | 400 | | | | 20001 | 4056 | |
| reported. (| | Vashington | | | | | 20001 | -4956 - | |
| 2. FEC IDENTIFI | CATION NUMB | ER 🔻 | CITY 🔺 | | S | | | ZIP COE | DE 🔺 |
| C C00106 | 46 | | 3. IS THIS REPORT | | NEW (N) OR | | AMENDED (A) | | |
| 4. TYPE OF RE (Choose One) | PORT (| b) Monthly Report | Feb 20 (M2) | | May 20 (M5) | A | ug 20 (M8) | | Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly R | eports: | Due On: | Mar 20 (M3) | | Jun 20 (M6) | S | ep 20 (M9) | | Dec 20 (M12) (Non-Election Year Only) |
| April 1 | | | Apr 20 (M4) | | Jul 20 (M7) | 0 | ct 20 (M10) | × | Jan 31 (YE) |
| July 1 | | (c) 12-Day PRE -Electio | n | Primary (12F | P) | Gener | al (12G) | | Runoff (12R) |
| Octobe | rly Report (Q2) er 15 rly Report (Q3) | Report for t | he: | Convention (| (12C) | Specia | al (12S) | | |
| Januar | | E | Election on | M M / | | Y Y Y Y | Ŷ | in the State of | |
| Report | Mid-Year (Non-election My) (MY) | (d) 30-Day POST -Electi Report for t | · • | General (300 | G) | Runof | (30R) | | Special (30S) |
| Termin (TER) | ation Report | | Election on | M M / | | Y Y Y | Y | in the State of | |
| 5. Covering Period | 12 × | | 015 | through | 12 12 | / D D 31 | / Y Y 201 | у у 5 | |
| I certify that I have Type or Print Name | | eport and to the be Is. Melinda Hatton | est of my know | wledge and | belief it is true | e, correct a | and complet | e. | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _ | | | | | | | | |
| Signature of Treasu | er <u>Ms. Melino</u> | la Hatton | | [Electronicall | y Filed] Da | ate 01 | M / D 27 | D / | 2016 |
| NOTE: Submission o | false, erroneous, | or incomplete inform | mation may su | bject the per | son signing thi | s Report to | the penaltie | es of 2 U | .S.C. §437g. |
| Office Use | | | | | | | | FOR ev. 12/20 | |
| Only | | | | | | | '' | | · · · |

SUMMARY PAGE

| FI | EC Form 3X (Rev. 02/2003) | OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|------------|---|-------------------------------|-----------------------------------|
| Write or | Type Committee Name | | |
| Ameri | can Hospital Association PA | C | |
| Report C | overing the Period: From: | 2 01 / Y Y Y Y 2 01 2015 | To: 12 31 / Y Y Y 12 31 2015 |
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) C | ash on Hand January 1, 2015 | | 1653206.80 |
| | ash on Hand at eginning of Reporting Period | 2942763.31 |] |
| | otal Receipts (from Line 19) | 305566.95 | 2378798.16 |
| 6(| ubtotal (add Lines 6(b) and (c) for Column A and Lines (a) and 6(c) for Column B) | 3248330.26 | 4032004.96 |
| 7. Total [| Disbursements (from Line 31) | 107562.71 | 891237.41 |
| Report | on Hand at Close of ting Period act Line 7 from Line 6(d)) | 3140767.55 | 3140767.55 |
| the Co | and Obligations Owed TO ommittee (Itemize all on ule C and/or Schedule D) | 0.00 |] |
| the Co | and Obligations Owed BY ommittee (Itemize all on ule C and/or Schedule D) | 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)

Write or Type Committee Name

American Hospital Association PAC

| Report Covering the Period: From: | | io: 12 / 12 / 12 / 2015 |
|---|-------------------------------|-----------------------------------|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| . Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 179923.77 | 1071496.68 |
| | 7 7 | |
| (ii) Unitemized | 32129.67 | 348153.35 |
| (iii) TOTAL (add | | |
| Lines 11(a)(i) and (ii) | 212053.44 | 1419650.03 |
| Ē | | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 6179.00 | 11179.00 |
| (such as PACs) | | 7 7 7 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5) | 218232.44 | 1430829.03 |
| . Transfers From Affiliated/Other | | |
| Party Committees | 87075.00 | 688050.00 |
| | | |
| . All Loans Received | 0.00 | 0.00 |
| | | |
| . Loan Repayments Received | 0.00 | 0.00 |
| . Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | 0.00 | |
| (Carry Totals to Line 37, page 5) | | 256999.36 |
| . Refunds of Contributions Made to Federal Candidates and Other | | |
| Political Committees | 0.00 | 525.00 |
| . Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 259.51 | 2394.77 |
| . 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 |
| | | |
| . Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c)) | 305566.95 | 2378798.16 |

20. Total Federal Receipts (subtract Line 18(c) from Line 19)► 305566.95

2378798.16

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 4 |
|---|-------------------------------|-----------------------------------|
| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| . Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Calendar fear-to-Date |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 462.71 | 6268.89 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party | 462.71 | 6268.89 |
| Committees Contributions to | 0.00 | 0.00 |
| Federal Candidates/Committees and Other Political Committees | 106000.00 | 883393.52 |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | |
| (use Schedule F) | | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made Refunds of Contributions To: | 0.00 | 0.00 |
| (a) Individuals/Persons Other Than Political Committees | 1100.00 | 1575.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) | 0.00 | |
| (d) Total Contribution Refunds(add Lines 28(a), (b), and (c)) | 1100.00 | 1575.00 |
| Other Disbursements | 0.00 | 0.00 |
| | | |
| 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 |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29, and 30(c)) | 107560 74 | 001007 1 |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 107562.71 | 891237.4 |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 107562.71 | 891237.41 |

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L

DETAILED SUMMARY PAGE

of Disbursements

| II. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Total Contributions (other than loans) (from Line 11(d), page 3) | 218232.44 | 1430829.03 |
| I. Total Contribution Refunds (from Line 28(d)) | 1100.00 | 1575.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 217132.44 | 1429254.03 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))► | 462.71 | 6268.89 |
| Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 256999.36 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 462.71 | -250730.47 |

| SCHEDULE A | (FEC F | orm | 3X) |
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| ITEMIZED REC | EIPTS | | |

FOR LINE NUMBER:

(check only one)

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | - | | 11b | 11c | 12 | <u> </u> |
|---|--|--|---|---|--------|-------------|-----|------------|----------------|
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Victor L Campbell Mailing Address One Park Plaza City Nashville FEC ID number of contributing federal political committee. | State TN | Zip Code 37203-6527 | | | sactio | 02 01 02 | | nis Perioc | d 0.00 |
| Name of Employer HCA Receipt For: Primary General Other (specify) | Occupation Senior Vice Aggregate | |] | | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Cindy Morrison Mailing Address PO Box 5039 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sanford USD Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 57117-5039 President Public Policy Year-to-Date ▼ 250.00 | | | sactio | 01 | | nis Perioc | y d 0.00 |
| Full Name (Last, First, Middle Initial) Ms. Pegeen A. Townsend Mailing Address 225 McKeon Road City Severna Park FEC ID number of contributing federal political committee. Name of Employer MedStar Health Receipt For: Primary General Other (specify) | | Zip Code 21146-3012 ent Government Relations Year-to-Date ▼ 255.00 | | | sactic | 01 | | nis Perioc | _ |
| SUBTOTAL of Receipts This Page (optional) | | | | | , | , | | 1005 | 5.00 |

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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | ✓ 11a 13 | | 11b 14 | 11c | 12 | 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using | | | | for the | | oose o | f soliciting | g contribu | utions |
| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. David R Marshall Mailing Address 1319 Walhni Street City Galveston FEC ID number of contributing federal political committee. Name of Employer | State TX C | Zip Code 77554-6918 | | | sacti | 07 | | nis Perioo | d 0.00 |
| University of Texas Medical Branch Receipt For: Primary General Other (specify) | Chief Nursi | |] | | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Janice Burger Mailing Address 9205 SW Barnes Road City Portland FEC ID number of contributing federal political committee. Name of Employer Providence St. Vincent Medical Center Receipt For: Primary General Other (specify) | State OR C Occupation Chief Exect Aggregate | | | | sacti | 07 07 | 2285029 Receipt th | nis Perioo | d 0.00 |
| Full Name (Last, First, Middle Initial) Mr. Ryan K Smith Mailing Address P O Box 1450 City Douglas FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital of Converse County Receipt For: Primary General Other (specify) ▼ | | Zip Code 82633-1450 utive Officer Year-to-Date ▼ 500.00 | | | sact | ion ID | | nis Perioo | _ |
| SUBTOTAL of Receipts This Page (optional). | | | <u> </u> | | | 7 | | 1350 |).00 |

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| SCHEDULE A | (FEC | Form | 3X) |
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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|---|---|
| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | | | |
| Full Name (Last, First, Middle Initial) Mr. Joe Wilkins Jr. Mailing Address 82414 Puccini Dr City Indio FEC ID number of contributing federal political committee. Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼ | State CA C Occupation Trustee Aggregate | Zip Code 92203-3848 Year-to-Date ▼ 1000.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Dr. Stephen Stewart Mailing Address 1035 Country Club Drive City Lake Ozark FEC ID number of contributing federal political committee. Name of Employer SSM Health St. Mary's Hospital - Jeffe Receipt For: Primary General Other (specify) ▼ | | Zip Code 65049-5117 ent Medical Affairs Year-to-Date ▼ 250.00 | Date of Receipt 12 04 2015 Transaction ID : 22850327 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Mrs. Barbara M Anderson Mailing Address 1201 South Main Street City Crown Point FEC ID number of contributing federal political committee. Name of Employer Franciscan St. Anthony Health - Crown Receipt For: Primary General Other (specify) ▼ | | Zip Code 46307-8481 and Chief Executive Officer Year-to-Date ▼ 250.00 | Date of Receipt |
| SUBTOTAL of Receipts This Page (optional |) | | 1500.00 |

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

| SCHEDULE A | (FEC Form 3X) |
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|--|-------------------|--|-----|------------------------------|------|--------------|-----------|-------------------|--------------|---------|
| | | | | | | | | | ibutio | |
| NAME OF COMMITTEE (In Full) American Hospital Associatio | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Dr. James Callaghan III MD Mailing Address 2910 Mt. Claire Way City Long Beach FEC ID number of contributing federal political committee. Name of Employer Franciscan St. Francis Health - Indian Receipt For: Primary General Other (specify) ▼ | | Zip Code 46360 Ind Chief Executive Officer Year-to-Date ▼ 250.00 | | | sact | 02 ion ID | | his Peri | 5 | Y D0 |
| B. Full Name (Last, First, Middle Initial) Michelle Fenoughty Mailing Address 1308 Greenstone Court City | State | Zip Code | | Date o M M 12 Trans | 1 | 02 | | 2015 43 | | Y |
| Danville FEC ID number of contributing federal political committee. | | 46122-7828 | A | Amoun | t of | Each | Receipt t | | iod 250.0 | 00 |
| Name of Employer Hendricks Regional Health Receipt For: | Occupation CMO | | | | | | | | | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Thomas Gryzbek | | | | Date o | f Re | eceipt | | | | |
| Mailing Address 1335 Capri Lane | State | Zip Code | _ [| M M M 12 Trans | | ion ID | | 2015 | 5 | Y |
| Dyer | IN | 46311-1324 | A | | | | Receipt t | | iod | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | ę | 500.0 | 00 |
| Name of Employer | Occupation | I | | | | | | | | |
| Franciscan Alliance | | COO Post Acute /Compliance | _ | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) | |
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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--|--|---|
| | | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | |
| Α. | Mailing Address 2796 W. 150 N. City Washington FEC ID number of contributing federal political committee. | State IN C | Zip Code 47501-9253 | Date of Receipt 12 02 2015 Transaction ID : 22850351 Amount of Each Receipt this Period 500.00 |
| | Name of Employer Daviess Community Hospital Receipt For: Primary Other (specify) | Occupation CFO Aggregate | Year-to-Date ▼ 500.00 |] |
| в. | Full Name (Last, First, Middle Initial) Ms. Stephanie Long Mailing Address 11751 N. US 421 | | | Date of Receipt |
| | City Monticello FEC ID number of contributing federal political committee. | State IN | Zip Code 47960 | Transaction ID : 22850355 Amount of Each Receipt this Period 250.00 |
| | Name of Employer River Bend Hospital Receipt For: Primary General Other (specify) | | nd Chief Executive Officer Year-to-Date ▼ 250.00 | |
| с. | Full Name (Last, First, Middle Initial) Mr. Kenneth G. Stella Mailing Address 4671 Bedford Court | | | Date of Receipt |
| | City Carmel | State IN | Zip Code 46033-4647 | 12 02 2015 Transaction ID : 22850377 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Name of Employer Indiana Hospital Association Receipt For: Primary Other (specify) | Occupation President E Aggregate | |] |
| s | UBTOTAL of Receipts This Page (optional). | | | 1250.00 |

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| SCHEDULE A | (FEC Form 3X) |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Terrance E Wilson Mailing Address 1701 South Creasy Lane City Lafayette FEC ID number of contributing federal political committee. Name of Employer Franciscan Alliance Receipt For: Primary General Other (creation) | State IN C Occupation President a Aggregate | nd CEO Year-to-Date ▼ | | | sact | ion ID |)2)2) : 22 | / Y 285038 ceipt thi | is Peric | | 0 |
| Full Name (Last, First, Middle Initial) B. Mr. Anthony Dias MBBS, DPM, | | 250.00 | | Date o | f Be | eceipt | | | | | |
| Mailing Address 110 Barnes Road | 2 : 1 | 7.0 | | M M 12 | / | D | D 07 | / Y | y y 2015 | Y | |
| City | State CT | Zip Code 06492-1802 | | | | | | 85038 | | 1 | |
| Wallingford FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼ | Occupation Vice Preside | | | moun | tor | J | Rec | y and the second s | is Peric | od 00.0 | 0 |
| C. Full Name (Last, First, Middle Initial) Mr. Steven Ruby MD | | | | Date o | | · · | | | | | |
| Mailing Address 43 Bay Hill Dr City Bloomfield FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: □ Primary □ General ○ Other (specify) | | Zip Code 06002-2374 Artment of Surgery Year-to-Date ▼ 500.00 | A | | sact | c ion ID | | 285039 | is Peric | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | _ | 7 | | 3 | 125 | 50.00 | D |

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

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | 11a 13 | 11b | | 11c | 12 16 | 17 |
|---|---|---|--------------------|-----------|--------------|-------------|-----------------------|-------|
| Any information copied from such Reports and or for commercial purposes, other than using th | | | for the | purpose | | oliciting c | contribut | tions |
| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Gerald J Boisvert Mailing Address 282 Washington Street City Hartford FEC ID number of contributing federal political committee. Name of Employer Connecticut Children's Medical Center Receipt For: Primary General Other (specify) | | Zip Code 06106-3322 ent and Chief Financial Off Year-to-Date ▼ 500.00 | M M 12 Trans | f Receip | 07 D : 22 | | 2015 Period 500 | |
| Full Name (Last, First, Middle Initial) Ms. Mary Lyon Mailing Address 12 Wildlife Drive City Wallingford FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼ | 1 · · · · · · · · · · · · · · · · · · · | Zip Code 06492-5346 ent, Integrated Health Info Year-to-Date ▼ 350.00 | M M 12 Trans | f Receip | 07 D : 22 | | 2015 Period 350 | _ |
| Full Name (Last, First, Middle Initial) Mr. James D. lacobellis Mailing Address 110 Barnes Road City Wallingford FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 06492-1802 ent, Government Relations Year-to-Date ▼ 500.00 | M M 12 Trans | saction I | 07 D : 22 | | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | | | 1350. | .00 |

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

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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In F American Hospital A | | | |
| Full Name (Last, First, Middle A. Ms. Jennifer LaRosa Mailing Address 154 Princeto City | n Avenue State | Zip Code | Date of Receipt 12 / 04 / 2015 Transaction ID : 22850402 |
| Berkeley Heights FEC ID number of contributin federal political committee. | C | 07922-1935 | Amount of Each Receipt this Period |
| Name of Employer Barnabas Health Receipt For: Primary Gener Other (specify) | Aggregate | Patient Safety Year-to-Date ▼ 227.50 |] |
| B. Full Name (Last, First, Middle B. Mr. Darrell K Terry Sr Mailing Address 88 Jessice W | | Zip Code | Date of Receipt 12 04 2015 Transaction ID : 22850406 |
| South Orange FEC ID number of contributin federal political committee. | ng C | 07079-2154 | Amount of Each Receipt this Period 650.00 |
| Name of Employer Barnabas Health | Occupation COO | | |
| Receipt For: Primary Gener Other (specify) ▼ | | Year-to-Date ▼ 650.00 |] |
| Full Name (Last, First, Middle C. Mr Edward Lamb | · | | Date of Receipt |
| Mailing Address 10547 Wasa | atch Blvd State UT | Zip Code 84092-4552 | 12 07 2015 Transaction ID : 22850432 Amount of Each Receipt this Period |
| FEC ID number of contributin federal political committee. | ng C | | 500.00 |
| Name of Employer IASIS Healthcare Receipt For: | Aggregate | vision President Year-to-Date ▼ | |
| Other (specify) ▼ SUBTOTAL of Receipts This P | age (optional) | 500.00 | 1377.50 |

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

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Patty Haggen Mailing Address 1601 Ygnacio Valley Road City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer John Muir Medical Center, Walnut Creek Receipt For: Primary General Other (specify) ▼ | 1 | Zip Code 94598-3122 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Ms. Kathryn A Raethel RN, MPH, N Mailing Address 640 Ulukahiki Street City Kailua FEC ID number of contributing federal political committee. Name of Employer Castle Medical Center Receipt For: Primary General Other (specify) ▼ | State HI C Occupation President a | Zip Code 96734-4454 nd Chief Executive Officer Year-to-Date ▼ 1000.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Dr. Kenneth S Lewis MD, JD Mailing Address 106 Bow Street City Elkton FEC ID number of contributing federal political committee. Name of Employer Union Hospital Receipt For: Primary General Other (specify) ▼ | 1 | Zip Code 21921-5544 Ind Chief Executive Officer Year-to-Date ▼ 350.00 | Date of Receipt 12 08 2015 Transaction ID : 22850448 Amount of Each Receipt this Period 350.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 2100.00 |

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| NAME OF COMMITTEE (In Full) American Hospital Association I | PAC | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Dr. Kenneth S Lewis MD, JD Mailing Address 106 Bow Street | | | 1 | Date o M M M | f Re | ceipt | | 2015 | Y | | | | |
| City | State | Zip Code | - ' | | acti | | 2285045 | | | | | | |
| Elkton | MD | 21921-5544 | / | Amoun | t of | Each F | Receipt th | is Period | 1 | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 350 | 0.00 | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| Union Hospital | President a | nd Chief Executive Officer | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| Other (specify) | | 700.00 | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Ms. Eileen Whalen RN, MHA | | | (| Date o | f Re | ceipt | | | | | | | |
| Mailing Address 111 Colchester Avenue | | | | M M | / | 08 | | ү ү 2015 | Ŷ | | | | |
| City | State VT | Zip Code | - | | | | 2285467 | | | | | | |
| Burlington | | | | | Amount of Each Receipt this Period | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | , . | 7 | 500 | 0.00 | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| University of Vermont Health Network U | President a | nd Chief Operating Officer | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr. Kenneth A Finch | | | | Date o | f Re | ceipt | | | | | | | |
| Mailing Address P O Box 6337 | | | | м м 12 | 1 | D 08 | | ү ү 2015 | Y | | | | |
| City Fort Worth | State TX | Zip Code 76115-0337 | | | | | 2286210 | | | | | | |
| FEC ID number of contributing federal political committee. | C | 10115-0337 | / | Amoun | t of | Each F | Receipt th | | I D.00 | | | | |
| | Occuration | | _ ' | | | , | | | | | | | |
| Name of Employer Texas Health Huguley Hospital Fort Wor | Occupation President a | nd Chief Executive Officer | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | |
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| | erican Hospital Association | | | | | | | | | | |
| A. <u>Mr.</u> | Name (Last, First, Middle Initial) Daniel P Neumeister CHE ng Address 222 Tongass Drive | | | | Date o | | eceipt | | V | Y | V |
| City | | State | Zip Code | | 12 | | 08 | | 20 | 015 | T |
| Sitka | l i i i i i i i i i i i i i i i i i i i | AK | 99835-9416 | | | | | Receipt 1 | | Period | |
| | ID number of contributing al political committee. | С | | | | | 7 | | _ | 500 | |
| Name | e of Employer | Occupation | | _ | | | | | | | |
| | RHC MT. Edgecumbe Hospital | Administrat | or | | | | | | | | |
| Rece | ipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 500.00 | 11 | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | |
| | Name (Last, First, Middle Initial) Margaret D Sabin | | | | Date o | of Re | eceipt | | | | |
| Mailir | ng Address P O Box 7021 | | | | M M | / | 0 | | |) 015 | Y |
| City | | State | Zip Code | | | sact | ion ID | : 228623 | | | |
| Colo | rado Springs | | Amount of Each Receipt this Period | | | | | | | | |
| | ID number of contributing al political committee. | С | | | | | 7 | | _ | 187 | .50 |
| Name | e of Employer | Occupation | | _ | | | | | | | |
| Penro | ose-St. Francis Health Services | President a | nd Chief Executive Officer | | | | | | | | |
| Rece | ipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 607 50 | 11 | | | | | | | |
| | Other (specify) v | | 687.50 | 4 | | | | | | | |
| | Name (Last, First, Middle Initial) . Toni Lawson | | | | Date o | of Re | eceipt | | | | |
| Mailir | ng Address 5023 Rivervista Way | | | | ^M 12 | / | 0 | | | у 015 | Y |
| City | | State | Zip Code | | Tran | sact | tion ID | : 228623 | 68 | | |
| Bois | e | ID | 83714-1979 | | Amoun | nt of | Each | Receipt t | this F | Period | |
| | ID number of contributing al political committee. | С | | | | | 7 | | | 315 | 5.00 |
| Name | e of Employer | Occupation | | _ | | | | | | | |
| | Hospital Association | Vice Presid | ent, Government Affairs | | | | | | | | |
| Rece | ipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 315.00 | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \backslash | American Hospital Association | n PAC | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Mr. David McFadyen | | | | Data | | | | | | | |
| Α. | Mailing Address 2544 Teano | | | _ | Date o | | | | | | | |
| | Maining Address 2044 Tearlo | | | | м м | | 08 | | | 015 | Y | |
| | City | State | Zip Code | | | act | | : 2286236 | | | | |
| | Meridian | ID | 83646-3268 | _ | Amoun | t of | Each F | Receipt th | nis F | 'eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | 250 | .00 | |
| | | | | | | | 7 | 7 | | | | 1 |
| | Name of Employer | Occupation | | | | | | | | | | |
| | St. Luke's Health System Receipt For: | | uality & Risk Management | _ | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | |
| | Foll News // and Freed Middle Lation | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mr. Jon Smith | | | | Date o | f Re | eceipt | | | | | |
| | Mailing Address 6303 Old Ranch Rd | | | | M M | / | D | D / Y | Y | Y | Y | |
| | | 0 | | | 12 | | 08 | 3 | 20 | 015 | | |
| | City Pocatello | State ID | Zip Code 83204-3841 | - | | | | 2286237 | | Dariad | | |
| | FEC ID number of contributing | | 00204 0041 | | Amount of Each Receipt this Period | | | | | | | i. |
| | federal political committee. | С | | | | | 7 | 7 | | 250 | .00 | L |
| | Name of Employer | Occupation | | _ | | | | | | | | |
| | Caribou Memorial Hospital and Living C | Chief Finan | cial Officer | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) | | 250.00 | | | | | | | | | |
| | | | , , , | ١. | | | | | | | | |
| ~ | Full Name (Last, First, Middle Initial) Mr. Dan Cochran | | | | Date o | f R | acaint | | | | | |
| 0. | Mailing Address 1989 Anita Pl | | | | M M | | D | D / Y | Y | Y | Y | |
| | | | | | 12 | | 08 | | | 015 | | |
| | City Pocatello | State ID | Zip Code 83201-1945 | - | | | | : 2286237 | | | | |
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| | federal political committee. | С | | | L. | | 7 | | | 220 | .00 | I. |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Bingham Memorial Hospital | Chief Opera | ating Officer | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) | | 220.00 | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | |
| Full Name (Last, First, Middle Initial) Mr. B J Swanson Mailing Address 1121 Lamb Road City Troy FEC ID number of contributing federal political committee. Name of Employer Gritman Medical Center Receipt For: Primary General Other (specify) ▼ | State Zip Code ID 83871-9619 C Occupation Board Chair Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 335.00 | Date of Receipt 12 08 2015 Transaction ID : 22862380 Amount of Each Receipt this Period 85.00 |
| Full Name (Last, First, Middle Initial) Ms. Kara Besst Mailing Address 700 South Main Street City Moscow FEC ID number of contributing federal political committee. Name of Employer Gritman Medical Center Receipt For: Primary General Other (specify) ▼ | State Zip Code ID 83843-3056 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 325.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mr. David R Molmen Mailing Address P O Box 6002 City Grand Forks FEC ID number of contributing federal political committee. Name of Employer Altru Health System Receipt For: Primary General Other (specify) ▼ | State Zip Code ND 58206-6002 C Occupation Occupation Officer Aggregate Year-to-Date ▼ 500.00 | Date of Receipt |
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| | NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ms Madeline Biondolillo Mailing Address 250 Commonwealth Ave | | | | Date o | of Re | eceipt | D / Y | = Y | Ý | Y | - |
| | | | | | 12 | | 09 |) | 2 | 2015 | | |
| | City Boston | State MA | Zip Code 02116-2438 | | | | | : 2286252 | | | | |
| | FEC ID number of contributing federal political committee. | C | 02110-2430 | | Amour | nt of | Each | Receipt th | nis F | Period 350. | .00 | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Connecticut Hospital Association | Vice Presid | ent, Health Management | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mr Dean Field | | | | Date o | of Re | eceipt | | | | | - |
| | Mailing Address P.O. Box 1489 | | | | M 12 | Л / | 09 | | | 015 | Y | |
| | City | State | Zip Code | | | | | : 2286254 | | | | |
| | Gig Harbor | WA | 98335-3489 | | Amour | nt of | Each | Receipt th | nis F | Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | _ | 250. | 00 | |
| | Name of Employer Franciscan Health System | Occupation Vice Presid | ent, Clinical Operations | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | | |
| — С. | Full Name (Last, First, Middle Initial) Mr. Rand J Wortman | | | | Date o | of Re | eceipt | | | | | - |
| | Mailing Address 888 Swift Boulevard | | | | M 12 | л / | 09 | | | 015 | Y | |
| | City Richland | State WA | Zip Code 99352-3542 | | | | | : 228625 4 Receipt th | | Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | _ | 250 | .00 | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Kadlec Regional Medical Center | President a | nd Chief Executive Officer | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr Joel Gilberston Mailing Address 422 Timber Creek Drive NW | | | | Date o | | ceipt 09 | | y y 2015 | Ŷ | | | |
| | City Issaquah | State WA | Zip Code 98027-5649 | Transaction ID : 22862542 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | 7 | 500 | 0.00 | | | |
| | Name of Employer Providence Health & Services Receipt For: Primary General Other (specify) ▼ | | President, Community Partn Year-to-Date ▼ 500.00 |] | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mr. Dan Harris | | | | Date o | of Re | ceipt | | | | | | |
| | Mailing Address 600 Broadway Suite 600 City State Zip Code | | | | | | 09 |) | 2015 | Y | | | |
| | Seattle | WA | Zip Code 98122-5397 | | Transaction ID : 22862543 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | 1 | |).00 | | | |
| | Name of Employer Swedish Health Services | Occupation Chief Finan | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 |] | _ | | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr | | | | Date o | of Re | ceipt | | | | | | |
| | Mailing Address 2378 Orchard Crest Blvd. | | | | 12 | 1 / | D 11 | | 2015 | Y | | | |
| | City Manasquan | State NJ | Zip Code 08736-4001 | | | | | : 2286266 Receipt th | | 1 | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 6.50 | | | |
| | Name of Employer | Occupation | 1 | _ | | | | | | | | | |
| | New Jersey Hospital Association | Chief Inforr | nation Officer | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 318.50 | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | |
| Full Name (Last, First, Middle Initial) Belinda Brown Cooper Mailing Address 121 Clear Creek Road City Langhorne FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 19047-2306 Intent, Human Resources Year-to-Date ▼ 312.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Ms. Theresa L. Edelstein Mailing Address 27 Harvest Lane City Livingston FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 07039-2750 ent Continuing Care Service Year-to-Date ▼ 327.60 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mr. Michael Guerriero Mailing Address 760 Alexander Road City Princeton FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ | State NJ C Occupation Vice Presic Aggregate | | Date of Receipt 12 11 2015 Transaction ID : 22862674 Amount of Each Receipt this Period 6.50 |
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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Timothy J. Keough Mailing Address 23 Nelson Drive City Barnegat FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 08005-2174 ent, Health Information Mgm Year-to-Date ▼ 318.50 | | | sacti | 11 on ID : | : 2286267 | nis Period | |
| Full Name (Last, First, Middle Initial) Mr. David P. Lavins Mailing Address 10 Fox Chase Road City Malvern 550 ID and a first initial | State PA | Zip Code 19355-3441 | _ | | sacti | 11 on ID : | 2286267 | 2015 7 8 nis Period | Y |
| FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: | C Occupation Chief Finance Aggregate | |] | L | | <u>y</u> | 7 | 6 | 3.50 |
| Full Name (Last, First, Middle Initial) Ms. Kerry A. McKean-Kelly Mailing Address 40 Imlaystown Road City East Windsor FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 08520-6209 ice President Year-to-Date ▼ 260.00 | | | sacti | 11 on ID | : 2286267 | nis Period | |
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| | | | person for the purpose of soliciting contributions be to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Assoc | iation PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao Jr. Mailing Address 4 Poppy Lane City Howell FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: | State NJ C Occupation VP Health I | | Date of Receipt |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate | 292.50 |] |
| B. Mr. John Slotman Mailing Address 760 Alexander Road | | | Date of Receipt |
| City Princeton | State NJ | Zip Code 08540-6305 | Transaction ID : 22862684 |
| FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period 6.50 |
| Name of Employer New Jersey Hospital Association | Occupation | nd Teaching Hospital Issues | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 565.49 |] |
| Full Name (Last, First, Middle Initial) C. Ms. Theresa J. Roark | | | Date of Receipt |
| Mailing Address 2644 Jennifer Drive | | | 12 10 2015 |
| City Jefferson City | State MO | Zip Code 65101-3997 | Transaction ID : 22863254 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 93.75 |
| Name of Employer | Occupation | l | |
| Missouri Hospital Association | Senior Vice | President, Data & Informat | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 |] |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | American Hospital Association | n PAC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Michael Souza | | | | Date o | f Rece | eipt | | | | |
| | Mailing Address 100 Midway Road, Suite 21 | | | | м м 12 | / | D D 10 | / Y | 2015 | | |
| | City Cranston | State RI | Zip Code 02920-5742 | _ | | | | 2286339 eceipt th | | bc | |
| | FEC ID number of contributing federal political committee. | С | | | | | | , | 3 | 50.0 | 0 |
| | Name of Employer | Occupation President | | | | | | | | | |
| | Hospital Association of Rhode Island Receipt For: | | Verente Data 🗖 | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | 1 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Ms. Patricia Jagoe | | | | Date o | f Rece | eipt | | | | |
| | Mailing Address 114 Woodland Street | | | | M M 12 | / | D D 11 | / Y | 2015 | Y | 1 |
| | City | State | Zip Code | | | action | | 286439 | | | |
| | Hartford | СТ | 06105-1208 | | Amoun | t of Ea | ach Re | eceipt th | nis Perio | bd | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | 2! | 50.0 | 0 |
| | Name of Employer Saint Francis Hospital and Medical Cen | Occupation Executive D | irector, Surgery Service Li | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 250.00 | 1 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Ms. Donna M Megliola | | | | Date of | f Rece | eipt | | | | |
| | Mailing Address 2 Brianwood Ln | | | | м м 12 | / | D D 11 | / Y | 2015 | Y | |
| | City Granby | State CT | Zip Code 06035-2806 | | | | | 2286440 eceipt th | | od | _ |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | 50.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Johnson Memorial Medical Center | Assistant V | ice President | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 250.00 |] | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Karl Kamyk Mailing Address 4 Fernwood Dr City Wilbraham FEC ID number of contributing federal political committee. Name of Employer Johnson Memorial Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 01095-1504 President Ancillary Svc /ear-to-Date ▼ 250.00 | | sact | 11 ion ID | 2286440 Receipt th | nis Perioc | y 1 2.00 |
| Full Name (Last, First, Middle Initial) Mr. Stuart E Rosenberg Mailing Address 289 Hill St City Bristol FEC ID number of contributing federal political committee. | State CT | Zip Code 06010-2955 | | sact | 11 ion ID | p / Y 1 <u>: 2286440</u> Receipt th | | _ |
| Name of Employer Johnson Memorial Medical Center Receipt For: | | d Chief Executive Officer /ear-to-Date ▼ 1000.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Robert J. Falaguerra FASHE, Mailing Address 114 Woodland Street City Hartford FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) | State CT C Occupation Vice Preside | Zip Code 06105-1208 Int Facilities Support Serv /ear-to-Date ▼ 250.00 | | sact | ion ID | | nis Perioc | |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association | | ddress of any political committee | | MICIT CO | ntric | outions | from suc | n cor | nmitte | <u>e.</u> |
| Full Name (Last, First, Middle Initial) Dr. John Rodis MD Mailing Address 114 Woodland Street City Hartford FEC ID number of contributing federal political committee. Name of Employer Saint Francis Care, Inc. Receipt For: Primary General Other (specify) ▼ | · · | Zip Code 06105-1208 omen & Infant Services Year-to-Date ▼ 1000.00 | | | sact | 11 | 2286441 Receipt th | 20 19 nis Pe | | 00 |
| Full Name (Last, First, Middle Initial) Mr. John Skelly Mailing Address 1 Brookwood Rd City Bedford FEC ID number of contributing federal political committee. Name of Employer Bridgeport Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 10506-1902 ent, Finance Year-to-Date ▼ 1000.00 | | | act | 11 ion ID : | D / Y : 2286442 Receipt th | 207 2 0 nis Pe | |)0 |
| Full Name (Last, First, Middle Initial) Dr. Adam R. Silverman MD Mailing Address 114 Woodland Street City Hartford FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ | | Zip Code 06105-1208 ent for Ambulatory Strategy Year-to-Date ▼ 500.00 | | | sact | 11 tion ID | | 20 ⁻ 22 | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | - 10 30 | | THIDUIK | | | | |
| Full Name (Last, First, Middle Initial) Ms. Jesse Kupec Mailing Address 8 Ellridge Place City Ellington FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ | _ I | Zip Code 06029-3633 nd CEO, St. Francis Partner Year-to-Date ▼ 500.00 | | 12 Trans | action | 11 1D: | 2286442 Receipt th | nis Perioo | d 0.00 |
| Full Name (Last, First, Middle Initial) Dr. Michael Ivy MD Mailing Address 267 Grant Street City Bridgeport FEC ID number of contributing federal political committee. Name of Employer Bridgeport Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 06610-2805 President for Medical Affa Year-to-Date ▼ 1000.00 | | 12 Trans | action | 11 ID: | 2286442 Receipt th | | |
| Full Name (Last, First, Middle Initial) Mr. Christopher M Dadlez Mailing Address 114 Woodland Street City Hartford FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) | | Zip Code 06105-1208 nd Chief Executive Officer Year-to-Date ▼ 1000.00 | | 12 Trans | saction | 11 1D : | | nis Perioo | _ |
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| \ | OF COMMITTEE (In Full) | | unioss of any pointeal committee | . 10 501 | noit COI | ni iD | | Suc Suc | | | | | | | |
| | erican Hospital Association F | PAC | | | | | | | | | | | | | |
| | ame (Last, First, Middle Initial) MaryEllen Kosturko RN, BSN, M | | | [| Date of | Re | ceipt | | | | | | | | |
| Mailing | g Address 22 Sterling Rdg | | | M m m / D m / Y m Y m 12 11 2015 Transaction ID : 22864472 Amount of Each Receipt this Period | | | | | | | | | | | |
| City | | State | Zip Code | | | | | | | | | | | | |
| Shelto | on | СТ | 06484-6141 | | | | | | | | | | | | |
| | D number of contributing I political committee. | С | | | | | , | | | 1000. | 00 | | | | |
| Name | of Employer | Occupation | | | | | | | | | | | | | |
| Bridge | port Hospital | Senior Vice | President Patient Care Ope | | | | | | | | | | | | |
| Receip | | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
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| | ame (Last, First, Middle Initial) Stephen M Jakab | | | [| Date of | Re | ceipt | | | | | | | | |
| Mailing | g Address 22 Firehouse Rd | | | | м м 12 | 1 | D D D 11 | / Y | 20 |)15 | Y | | | | |
| City | | State | Zip Code | Transaction ID : 22864473 | | | | | | | | | | | |
| Trumb | bull | СТ | 06611-2604 | A | Amount | of | Each R | eceipt tl | nis F | 'eriod | | | | | |
| | D number of contributing I political committee. | С | | 1000. | | | | | | 1000. | 00 | | | | |
| | of Employer | Occupation | | | | | | | | | | | | | |
| Bridge | port Hospital | Vice Preside | ent, Development | | | | | | | | | | | | |
| Receip | | Aggregate | Year-to-Date V | | | | | | | | | | | | |
| | Primary General | | 1000.00 | | | | | | | | | | | | |
| | Other (specify) 🔻 | | 1 1000.00 | | | | | | | | | | | | |
| | ame (Last, First, Middle Initial) Melissa Turner | | | | Date of | Re | ceipt | | | | | | | | |
| Mailing | g Address 13 Dialstone Lane | | | | м м 12 | / | D D D | / Y | | ү)15 | Y | | | | |
| City | | State | Zip Code | | Trans | acti | ion ID : | 228644 | 74 | | | | | | |
| Rivers | side | СТ | 06878-1701 | A | Amount | of | Each R | eceipt tl | nis F | 'eriod | | | | | |
| | D number of contributing I political committee. | С | | | | | 1000. | .00 | | | | | | | |
| Name | of Employer | Occupation | | _ | | | | | | | | | | | |
| 0 | port Hospital | Senior Vice | President Human Resources | | | | | | | | | | | | |
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| | | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. William M Jennings Mailing Address P O Box 5000 | | | Date of Receipt | | | | | | | | |
| | City Bridgeport | State CT | Zip Code 06610-0120 | Transaction ID : 22864475 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | | | | | |
| | Name of Employer Bridgeport Hospital Receipt For: | | nd Chief Executive Officer Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) | 1 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mr Marc Brunetti | · | | Date of Receipt | | | | | | | | |
| | Mailing Address 473 Orange Ave | | | 12 11 2015 | | | | | | | | |
| | City | State | Zip Code | Transaction ID : 22864476 | | | | | | | | |
| | Milford | CT | 06461-2138 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | | | 1000.00 | | | | | | | | |
| | Name of Employer | Occupation | I | | | | | | | | | |
| | Bridgeport Hospital | Vice Presid | ent, Administration | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Ms Pamela Scagliarini | | | Date of Receipt | | | | | | | | |
| | Mailing Address 18 Paddock Pl | | | 12 11 2015 | | | | | | | | |
| | City Milford | State CT | Zip Code 06461-1749 | Transaction ID : 22864477 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Bridgeport Hospital | Chief Oper | ating Officer | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | | | | |
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| | | Use separate schedule(s) | (check only one) | | | | | | | | | | |
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| | | | person for the purpose of soliciting contributions to solicit contributions from such committee. | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| American Hospital Association | n PAC | | | | | | | | | | | | |
| / Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| A. Dr. Ryan T O'Connell | | | Date of Receipt | | | | | | | | | | |
| Mailing Address 2516 Ridge Rd | | | M = M / D = D / Y = Y = Y = Y | | | | | | | | | | |
| City | State | Zip Code | 12 11 2015 Transaction ID : 22864478 | | | | | | | | | | |
| North Haven | СТ | 06473-1218 | Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 1000.00 | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| Bridgeport Hospital | Vice Presid | ent | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| Primary General Other (specify) ▼ | | 1000.00 | 1 | | | | | | | | | | |
| | | /J /J // /* | - | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Ms. Mary Ann Hanley | | | Date of Receipt | | | | | | | | | | |
| Mailing Address 349 East Street | | | M M / D D / Y Y Y Y | | | | | | | | | | |
| City | State | Zip Code | 12112015 Transaction ID : 22864479 | | | | | | | | | | |
| Hebron | СТ | 06248-1102 | Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing | С | | 250.00 | | | | | | | | | | |
| federal political committee. | U | | 7 7 7 | | | | | | | | | | |
| Name of Employer Saint Francis Hospital and Medical Cen | Occupation | | | | | | | | | | | | |
| Receipt For: | | e Valencia Society | | | | | | | | | | | |
| Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| Other (specify) ▼ | | 250.00 | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Ms. Julie Taylor FACHE | | | Date of Receipt | | | | | | | | | | |
| Mailing Address P O Box 143889 | | | | | | | | | | | | | |
| | <u> </u> | 7: 0 1 | 12 12 2015 | | | | | | | | | | |
| City Anchorage | State AK | Zip Code 99514-3889 | Transaction ID : 22864578 Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing | 0 | | | | | | | | | | | | |
| federal political committee. | С | | 1000.00 | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| Alaska Regional Hospital | Chief Exect | utive Officer | | | | | | | | | | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| Other (specify) | | 1000.00 | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | |
| Full Name (Last, First, Middle Initial) Mr. John J. Brady III Mailing Address 5 Lynnbrook Road City Trumbull FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 06611-3308 Nent, Business Development & Year-to-Date ▼ 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Mr. Carl J. Schiessl Mailing Address P O Box 90 City Wallingford FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 06492-0090 egulatory Advocacy Year-to-Date ▼ 350.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mr. Allan Pinard Mailing Address 110 Barnes Road City Wallingford FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 06492-1802 in /ice President, Finance Year-to-Date ▼ 500.00 | Date of Receipt |
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| \backslash | NAME OF COMMITTEE (In Full) | _ | | | | | | | | | | | | | |
| $\Big)$ | American Hospital Association F | AC | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Marie M Spivey | | | | Date of | Re | eceipt | | | | | | | | |
| | Mailing Address 110 Barnes Road | | | Max / D / Y | | | | | | | | | | | |
| | City | State | Zip Code | | | | | | | | | | | | |
| | Wallingford | СТ | 06492-1802 | _ | Amount | t of | Each R | Receipt th | is P | 'eriod | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | _ | 350 | .00 |] | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Connecticut Hospital Association | Vice Preside | ent, Health Equity | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | 050.00 | 11. | | | | | | | | | | | |
| | Other (specify) | | 350.00 | 4 | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Ms. Michele R. Sharp | | | | Data af | | | | | | | | | | |
| D. | | | | _ | Date of | | | | | | | | | | |
| | Mailing Address 110 Barnes Road | | | | 12 ^M | 1 ′ | 11 |) / Y | |)15 | Y | | | | |
| | City | State | Zip Code | | 12 11 2015 Transaction ID : 22864606 | | | | | | | | | | |
| | Wallingford | СТ | 06492-1802 | | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing | 0 | | | | | | | | | | | | | |
| | federal political committee. | С | | | | | 7 | | - | 350 | 00 | 1 | | | |
| | Name of Employer | Occupation | | _ | | | | | | | | | | | |
| | Connecticut Hospital Association | | mmunications and Public Af | | | | | | | | | | | | |
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| | Primary General | riggiogato | | 11. | | | | | | | | | | | |
| | Other (specify) | | 350.00 | 4 | | | | | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) Mr. Christopher Hartley | | | | Date of | Re | eceipt | | | | | | | | |
| | Mailing Address 114 Woodland Street | | | | M M | / | D 11 |) / Y | |)15 | Y | | | | |
| | City | State | Zip Code | | | act | | 2286460 | | - | | | | | |
| | Hartford | СТ | 06105-1208 | | | | | leceipt th | | eriod | | _ | | | |
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| | federal political committee. | | | | | - | 7 | 7 | - | 500 | .00 | | | | |
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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 | | | | | | | | | | | | | | | |
| Α. | Mailing Address 1450 Chapel Street | State | Zip Code | Date of Receipt 12 11 2015 Transaction ID : 22864608 | | | | | | | | | | | | | |
| | New Haven FEC ID number of contributing federal political committee. | Ст | 06511-1450 | | Amount of Each Receipt this Period | | | | | | | | | | | | |
| | Name of Employer Hospital of Saint Raphael Receipt For: Primary General Other (specify) ▼ | | ent and General Counsel Year-to-Date ▼ 500.00 |] | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Ms Lynn Rossini Mailing Address 1782 Blvd | | | | Date of 12 | of Re | eceipt | D / Y 1 | 2015 | Ŷ | | | | | | | |
| | City West Hartford FEC ID number of contributing federal political committee. | State CT | Zip Code 06107-2816 | _ | | | | : 2286460 Receipt t | his Perio | d i0.00 | | | | | | | |
| | Name of Employer Saint Francis Hospital and Medical Cen | Occupation VP Saint Fr | ancis Foundation | | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Mr. David M. Bittner Mailing Address 32 Nottingham Blvd | | | _ | Date o | of Re | | D / Y 1 | _ 2015 | Y | | | | | | | |
| | City Unionville | State CT | Zip Code 06085-1185 | | Transaction ID : 22864610 Amount of Each Receipt this Period | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | ů – Le | | | | | | | | 500.00 | | | | | | | |
| | Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ |] | | | | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | | | 125 | 0.00 | | | | | | | |

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| or | for commercial purposes, other than using | the name and a | ddress of any political committe | e to s | olicit | COI | htrik | outions f | from s | uch | con | nmitte | e. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | American Hospital Association | n PAC | | | | | | | | | | | | | |
| Δ | Full Name (Last, First, Middle Initial) Mr. James W. Schepker | | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 115 Mountain Terrace Road | | | | | M | _ | D | 2 / | Y | Y | Y | Y | | |
| | | | | | | 2 | | 11 | | L | 20 | 15 | | | |
| | City | State | Zip Code | | Transaction ID : 22864627 | | | | | | | | | | |
| | West Hartford | СТ | 06107-1547 | | Amo | unt | t of | Each F | Receip | t this | s Pe | riod | | | |
| | FEC ID number of contributing federal political committee. | | | | | | | | | | 250. | 00 | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | | |
| | Saint Francis Hospital and Medical Cen | Senior Vice | Senior Vice President, Marketing | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | | |
| | Primary General | | 250.00 | 11 | | | | | | | | | | | |
| | Other (specify) | | 200.00 | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Ms. Linda Shanley | | | | | e of | Re | eceipt | | | | | | | |
| | Mailing Address 114 Woodland Street | | | | | _™ 2 | / | 11 | / | Y | y 201 | 15 | Y | | |
| | City State Zip Code | | | | | | Transaction ID : 22864633 | | | | | | | | |
| | Hartford | СТ | 06105-1208 | Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | | 250. | 00 | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | | |
| | Saint Francis Care, Inc. | | | | | | | | | | | | | | |
| | Receipt For: Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | |
| | Other (specify) | 1 | | | | | | | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) | | | | | | Re | eceipt | | | | | | | |
| | Mailing Address 28 Crescent Street | | | | | 2 | / | D I I |) / | Y | y 201 | 15 | Y | | |
| | City State Zip Code | | | | | | act | tion ID : | 2286 | 4637 | | | | | |
| | Middletown | letown CT 06457-3650 | | | | | | Each F | Receip | t this | s Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | | | | | | | | | | Ξ | 350. | 00 | | |
| | Name of Employer Occupation | | | | | | | | | | | | | | |
| | Middlesex Hospital President and Chief Executive Officer | | | | | | | | | | | | | | |
| | Receipt For: Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | |
| | Primary General | | | | | | | | | | | | | | |
| | Other (specify) | | 350.00 | | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Kurt A Barwis FACHE Mailing Address P O Box 977 City Bristol FEC ID number of contributing federal political committee. | State CT | Zip Code 06011-0977 | Date of Receipt Mark January 12 11 2015 Transaction ID : 22864638 Amount of Each Receipt this Period 1000.00 | | | | | |
| Name of Employer Bristol Hospital Receipt For: Primary General Other (specify) | | nd Chief Executive Officer Year-to-Date ▼ 1000.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. James T. Stratton Mailing Address 5203 Edinburgh Waye City Jefferson City | State MO | Zip Code 65101-8288 | Date of Receipt | | | | | |
| FEC ID number of contributing federal political committee. Name of Employer SSM Health St. Mary's Hospital - Jeffe Receipt For: | C Occupation Vice Presid | | Amount of Each Receipt this Period | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Angela Ward RN Mailing Address 2400 Unser Blvd City Rio Rancho FEC ID number of contributing federal political committee. Name of Employer Presbyterian Rust Medical Center Receipt For: Primary General Other (specify) | | Zip Code 87124-4740 Care Services Year-to-Date ▼ 250.00 | Date of Receipt 12 14 2015 Transaction ID : 22864676 Amount of Each Receipt this Period 250.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional). | | | 1500.00 | | | | | |

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| NAME OF COMMITTEE (In Full) American Hospital Associatior | n PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Patrick Brian Carrier Mailing Address 210 River Ranch Rd City Kingsland FEC ID number of contributing federal political committee. Name of Employer CHRISTUS St. Vincent Regional Medical Receipt For: Primary General Other (specify) | 1 | Zip Code 78639-4131 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mr. Stephen W McKernan Mailing Address 2211 Lomas Boulevard NE City Albuquerque FEC ID number of contributing federal political committee. Name of Employer University of New Mexico Hospitals Receipt For: Primary General Other (specify) ▼ | | Zip Code 87106-2719 utive Officer Year-to-Date ▼ 250.00 | Date of Receipt 12 14 2015 Transaction ID : 22864678 250.00 Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial) Mr. Richard Latuchie Mailing Address P O Box 6000 City Rapid City FEC ID number of contributing federal political committee. Name of Employer Regional Health Receipt For: Primary General Other (specify) ▼ | | Zip Code 57709-6000 Ment Information Technology Year-to-Date ▼ 250.00 | Date of Receipt 12 14 2015 Transaction ID : 22864705 Amount of Each Receipt this Period 250.00 250.00 |
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| NAME OF COMMITTEE (In Full) American Hospital Associatio | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Mark R Stoddard Mailing Address 48 West 1500 North | Chatta | 7in Orde | Date of Receipt |
| City Nephi | State UT | Zip Code 84648-8900 | Transaction ID : 22865629 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer Central Valley Medical Center Receipt For: Primary General Other (specify) | Occupation President Aggregate | Year-to-Date ▼ 1000.00 |] |
| B. Hull Name (Last, First, Middle Initial) Ms. Kris A Doody RN Mailing Address 163 Van Buren Road, Suite | e 1 | | Date of Receipt |
| City Caribou | State ME | Zip Code 04736-3567 | 12 15 2015 Transaction ID : 22865656 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer Cary Medical Center | Occupation Chief Execu | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] |
| Full Name (Last, First, Middle Initial) C. Ms. Amy Andres | | | Date of Receipt |
| Mailing Address 6086 Flora Villa Dr. | | | 12 08 2015 |
| City Worthington | State OH | Zip Code 43085-3353 | Transaction ID : 22865746 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 650.00 |
| Name of Employer Ohio Hospital Association | Occupation Senior Vice | President, Quality & Data | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 650.00 |] |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Scott Borgemenke Mailing Address 155 East Broad Street City Columbus FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 43215-3609 President, Advocacy Year-to-Date ▼ 625.00 | | | sactic | 08 08 00 ID : | 228657 | nis Perioc | d 5.00 |
| Full Name (Last, First, Middle Initial) Ms. Mary H Boosalis Mailing Address One Wyoming Street City Dayton FEC ID number of contributing federal political committee. Name of Employer Premier Health Partners Receipt For: Primary General Other (specify) ▼ | 1 | Zip Code 45409-2722 And Chief Executive Officer Year-to-Date ▼ 1000.00 | | | sactio | 08 08 | 2286576 | 2015 53 nis Perioc 1000 | |
| Full Name (Last, First, Middle Initial) Ms. Holly L Bristoll Mailing Address P O Box 907 City Fostoria FEC ID number of contributing federal political committee. Name of Employer ProMedica Fostoria Community Hospital Receipt For: Primary General Other (specify) ▼ | State OH C Occupation President Aggregate | Zip Code 44830-0907 Year-to-Date ▼ 250.00 | | | sactio | 08 01 ID : | 228657 | nis Perioc | _ |
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| NAME OF COMMITTEE (In Full) American Hospital Association F | | | | | | | | | | | - |
| Full Name (Last, First, Middle Initial) Ms. Eloise Broner Mailing Address 2222 Philadelphia Drive City Dayton FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 45406-1813 nd Chief Executive Officer Year-to-Date ▼ 500.00 | | | sact | 08 | | 20 65 | 015 eriod 500. | v .00 | |
| Full Name (Last, First, Middle Initial) A. Mr Jerry Clark Mailing Address 1454 Country Wood Dr City Dayton FEC ID number of contributing federal political committee. Name of Employer Premier Health Receipt For: Primary General Other (specify) ▼ | State OH C Occupation Chief Medic Aggregate | | | | sacti | 08 ion ID : | | | | 00 | |
| Full Name (Last, First, Middle Initial) Mr. Keith T Coleman Mailing Address 272 Hospital Road City Chillicothe FEC ID number of contributing federal political committee. Name of Employer Mount Carmel Receipt For: Primary General Other (specify) ▼ | State OH C Occupation Chief Finan Aggregate | | | | sact | 08 ion ID | | 20 68 | 115 eriod 300. | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Dale Creech Mailing Address 1381 Quaker Way City Dayton FEC ID number of contributing federal political committee. Name of Employer Miami Valley Hospital Receipt For: Primary General Other (specify) ▼ | State Zip Code OH 45458-2772 C Occupation Occupation Chief Legal Officer Aggregate Year-to-Date ▼ | 500.00 | | sacti | 08 ion ID | | nis Perioo | d 0.00 |
| Full Name (Last, First, Middle Initial) B. Mr. Wayne G Deschambeau Mailing Address 835 Sweitzer Street City Greenville FEC ID number of contributing federal political committee. Name of Employer Wayne Hospital Receipt For: Primary General Other (specify) ▼ | State Zip Code OH 45331-1007 C Occupation President and Chief Executive O Aggregate Year-to-Date ▼ | fficer 250.00 | | / acti | 08 on ID | | nis Perioo | d 0.00 |
| Full Name (Last, First, Middle Initial) Dr. Anita Hackstedde MD Mailing Address 1995 East State Street City Salem FEC ID number of contributing federal political committee. Name of Employer Salem Regional Medical Center Receipt For: Primary General Other (specify) ▼ | State Zip Code OH 44460-2423 C Occupation President and Chief Executive C Aggregate Year-to-Date ▼ | Officer 250.00 | | / sact | ion ID | | nis Perioo | _ |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association F | | or any political committee | | ntributio | ns from s | | intee. |
| Full Name (Last, First, Middle Initial) Ms. Kathleen S Hanley Mailing Address 1801 Richards Road City Toledo FEC ID number of contributing federal political committee. Name of Employer ProMedica Flower Hospital Receipt For: Primary General Other (specify) ▼ | | | M M 12 Trans | action I | 08 D:22865 | this Perio | |
| Full Name (Last, First, Middle Initial) Mr. Richard Hanson Mailing Address 12340 Bass Lake Road City Chardon FEC ID number of contributing federal political committee. Name of Employer University Hospitals Receipt For: Primary General Other (specify) | OH 4 | p Code 4024-8327 nity Hospitals & Ambul o-Date ▼ 500.00 | 12 Trans | | 08 D : 22865 | this Perio | od 00.00 |
| Full Name (Last, First, Middle Initial) Mr Michael Jennings MD Mailing Address 303 Eden Ave Unit 2A City Bellevue FEC ID number of contributing federal political committee. Name of Employer Christ Hospital Receipt For: Primary General Other (specify) ▼ | | | M M 12 Trans | action | 08 D : 22865 | this Perio | |
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| | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | |
| ✓ Full Name (Last, First, Middle Initial) A. Ms Barbara Johnson Mailing Address 1697 Big Bear Dr City Washington Twp FEC ID number of contributing federal political committee. Name of Employer Miami Valley Hospital Receipt For: Other (specify) ▼ | | Zip Code 45458-3692 /ice President/COO Year-to-Date ▼ 500.00 | Date of Receipt 12 08 2015 Transaction ID : 22865863 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) B. Mr. Michael Keating Mailing Address 2139 Auburn Avenue | | | Date of Receipt |
| City Cincinnati FEC ID number of contributing federal political committee. | State OH | Zip Code 45219-2906 | 12 08 2015 Transaction ID : 22865864 |
| Name of Employer Christ Hospital Receipt For: | | n nd Chief Executive Officer Year-to-Date ▼ | |
| Other (specify) | | 500.00 |] |
| C. Full Name (Last, First, Middle Initial) Ms. Unhee Kim RN, MBA Mailing Address 32480 N. Burr Oak Dr | | | Date of Receipt |
| City Solon | State OH | Zip Code 44139-5533 | 12 08 2015 Transaction ID : 22865865 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Mount Carmel Receipt For: Primary General | | n St. Ann's Hospital Year-to-Date ▼ | |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | | 250.00 | 1250.00 |

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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Ms Euthemy LeBrew Mailing Address 4002 Winmar Circle City Pittsburgh FEC ID number of contributing federal political committee. | Euthemy LeBrew ag Address 4002 Winmar Circle State Zip Code PA 15209-1141 ID number of contributing al political committee. C | | | | | | | | |
| Name of Employer University Hospitals Receipt For: Primary General Other (specify) v | | e President Revenue Cycle Year-to-Date ▼ 250.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) B. Dr. Tammy S Lundstrom MD, JD Mailing Address 2417 Mallard Land <u>Apt. 4</u> City Beavercreek | State OH | Zip Code 45431-3672 | Date of Receipt | | | | | | |
| FEC ID number of contributing federal political committee. Name of Employer Providence - Providence Park Hospital, | Occupation Chief Medic | | 500.00 | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | |
| C. Full Name (Last, First, Middle Initial) Mr. Michael J Maiberger Mailing Address 3130 North Dixie Highway | State | Zip Code | Date of Receipt | | | | | | |
| City Troy FEC ID number of contributing federal political committee. | State OH | Transaction ID : 22865879 Amount of Each Receipt this Period 1250.00 | | | | | | | |
| Name of Employer Premier Health Partners Receipt For: Primary General Other (specify) | | nd Chief Executive Officer Year-to-Date ▼ 1250.00 | | | | | | | |
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| | NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Sean McKibben Mailing Address 793 West State Street | | | | Date o | _ | eceipt | | | 015 | Y |
| | City Columbus | Zip Code 43222-1551 | | Trans | | ion ID | : 228658 Receipt t | 81 | | | |
| | FEC ID number of contributing federal political committee. | | | | 7 | | | 250 | 0.00 | | |
| | Name of Employer Mount Carmel Receipt For: Primary General Other (specify) ▼ | | nd Chief Operating Officer Year-to-Date ▼ 250.00 |] | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mr. Randall D Oostra FACHE Mailing Address 1801 Richards Road | | | | Date o | | eceipt | | | Ŷ | Ŷ |
| | City Toledo | | | | | | | 3 : 228658 Receipt t | 84 | 015 Period | |
| | FEC ID number of contributing federal political committee. | С | | 500.00 | | | | | _ | | |
| | Name of Employer ProMedica Health System | Occupation President a | nd Chief Executive Officer | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 850.00 |] | | | | | | | |
| — С. | Full Name (Last, First, Middle Initial) Mr. James R Pancoast | | | | Date o | of Re | eceipt | | | | |
| | Mailing Address 40 West Fourth Street | | | | 12 | / | D 08 | | | 015 | Y |
| | City Dayton | State OH | Zip Code 45402-1840 | _ | | | | : 228658 Receipt t | | Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 1250 |).00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Premier Health Partners Receipt For: Primary General Other (specify) | | nd Chief Operating Officer Year-to-Date ▼ 1250.00 |] | | | | | | | |
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| | | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | |
| Full Name (Last, First, Middle Initial) Mr. Thomas Parker Mailing Address 3130 North County Road 25/ City Troy FEC ID number of contributing federal political committee. Name of Employer Upper Valley Medical Center Receipt For: Primary General Other (specify) ▼ | A State Zip Code OH 45373-1337 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Ms. Barbara J Petee Mailing Address 1801 Richards Road City Toledo FEC ID number of contributing federal political committee. Name of Employer ProMedica Herrick Hospital Receipt For: Primary General Other (specify) ▼ | State Zip Code OH 43607-1037 C Occupation Chief Advocacy Officer Aggregate Year-to-Date ▼ 425.00 | Date of Receipt Date of Receipt 12 08 2015 Transaction ID : 22865888 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Mr. Tim Rowell Mailing Address 14915 Edgewater Dr City Lakewood FEC ID number of contributing federal political committee. Name of Employer University of Cincinnati Medical Cente Receipt For: Primary General Other (specify) ▼ | State Zip Code OH 44107-1203 C Occupation Director of Business Planning Aggregate Year-to-Date ▼ 250.00 | Date of Receipt Date of Receipt 12 08 2015 Transaction ID : 22865892 Amount of Each Receipt this Period 250.00 |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Alan Sattler Mailing Address 5200 Harroun Road City Sylvania FEC ID number of contributing federal political committee. Name of Employer | State OH C | Zip Code 43560-2168 | | 12 Trans | saction | 08 08 | / Y 2286589 eccipt th | nis Perioo | y d 0.00 |
| ProMedica Flower Hospital Receipt For: Primary General Other (specify) | President Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Mark S Shaker MHA Mailing Address One Wyoming Street | | | | Date o | f Recei | pt 08 | / Y | 2015 | Y |
| City | State | Zip Code | | | | | 2286592 | 5 | |
| Dayton FEC ID number of contributing federal political committee. Name of Employer Miami Valley Hospital Receipt For: Primary General Other (specify) ▼ | | 45409-2722 Ind Chief Executive Officer Year-to-Date ▼ 500.00 | | Amoun | t of Ea | ch Re | ∍ceipt th | 500 | 9.00 |
| Full Name (Last, First, Middle Initial) C. Dr Richard J Streck , M.D. | | | - | Data a | f Dessi | | | | |
| Mailing Address 400 Wabash Avenue | State | Zip Code | | м м 12 | J L | 08 | JL | 2015 | Y |
| Akron | OH | 44307-2433 | | | | | 2286592 eceipt th | 28 nis Perioc | t. |
| FEC ID number of contributing federal political committee. | С | | | | | | | 25 | 0.00 |
| Name of Employer | Occupation | | | | | | | | |
| Akron General Medical Center Receipt For: Primary General Other (specify) ▼ | | President Medical Affairs Year-to-Date ▼ 250.00 |] | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Michael D Swick Mailing Address 1001 Bellefontaine Avenue City Lima FEC ID number of contributing federal political committee. Name of Employer Lima Memorial Health System Receipt For: Primary General Other (specify) ▼ | | Zip Code 45804-2800 nd Chief Executive Officer Year-to-Date ▼ 250.00 | | | sacti | 08 | : 2286592 | his Period | y d 0.00 |
| Full Name (Last, First, Middle Initial) Mr. Michael Szubski Mailing Address 2375 Springside Oval City Brecksville FEC ID number of contributing federal political committee. Name of Employer University Hospitals Receipt For: Primary General Other (specify) ▼ | State OH C Occupation Chief Finan Aggregate | | | | sactio | 08 01 ID : | 2286593 | 2015 30 his Perioc 1250 | |
| Full Name (Last, First, Middle Initial) Mr. Eugene A Thorn III Mailing Address 659 Boulevard City Dover FEC ID number of contributing federal political committee. Name of Employer Union Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 44622-2077 ent Finance and Chief Finan Year-to-Date ▼ 250.00 | | | sacti | 08 ion ID | 3 : 228659: | his Period | _ |
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| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | · · · · · | | | | | | | | | | |
| A. Mr. Michael Vehovec Mailing Address 11100 Euclid Avenue | State OH | Zip Code 44106-2602 | | M M 12 Trans | action | 08 08 | 2286593 | - | Y | | | |
| FEC ID number of contributing federal political committee. | Occupation | | | Amoun | t of Ea | cn Re | eceipt th | nis Period 250 | 0.00 | | | |
| University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) | Vice Presid | lent and Corporate Controlle Year-to-Date ▼ 250.00 |] | | | | | | | | | |
| B. Mr. Claus von Zychlin Mailing Address 6136 Grey Friar Way | | | | Date o M M 12 | f Recei | ipt 08 | / Y | 2015 | Y | | | |
| City Dublin FEC ID number of contributing federal political committee. | g C Zip Code OH 43017-8803 | | | | | Transaction ID : 22865936 Amount of Each Receipt this Period 500.00 | | | | | | |
| Name of Employer Mount Carmel | Occupation President a | nd Chief Executive Officer | | | | | , | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Mailing Address 2142 North Cove Boulevar | ď | | | Date of | f Recei | ipt 08 | / Y | y y 2015 | Y | | | |
| City Toledo | State OH | Zip Code 43606-3895 | / | | | | 2286593 eceipt th | 87 nis Period | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | _ | | 500 | 0.00 | | | |
| Name of Employer ProMedica Toledo Hospital Receipt For: Primary General Other (specify) | Occupation President Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | |
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| | | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| | ME OF COMMITTEE (In Full) merican Hospital Association | n PAC | | |
| A . M | Name (Last, First, Middle Initial) r. William A Young Jr ling Address 29000 Center Ridge Road | | | Date of Receipt |
| City We | , estlake | State OH | Zip Code 44145-5219 | Transaction ID : 22865940 Amount of Each Receipt this Period |
| | C ID number of contributing eral political committee. | C | | 500.00 |
| St. | ne of Employer John Medical Center ceipt For: Primary General Other (specify) ▼ | | nd Chief Executive Officer Year-to-Date ▼ 500.00 | |
| B . <u>M</u> | Name (Last, First, Middle Initial) r. Chad R. Austin ling Address 6518 SW 26th Court | Date of Receipt | | |
| City | | 12 15 2015 Transaction ID : 22868522 | | |
| | beka C ID number of contributing | KS | 66614-4305 | Amount of Each Receipt this Period |
| fede | eral political committee. | C | | 76.92 |
| Kan | ne of Employer Isas Hospital Association | Occupation Sr. Vice Pre | | |
| Rec | ceipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 634.59 | |
| | Name (Last, First, Middle Initial) r Larry D Botts MD | | | Date of Receipt |
| | ling Address 3200 W 68th St | | | 12 / D D / Y Y Y Y Y 12 15 2015 |
| City Mis | , ssion Hills | State KS | Zip Code 66208-2135 | Transaction ID : 22868523 Amount of Each Receipt this Period |
| | C ID number of contributing eral political committee. | C | | 500.00 |
| Nar | ne of Employer | Occupation | | |
| | awnee Mission Medical Center | Chief Medie | cal Officer | |
| Rec | ceipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | on PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Audrey Dunkel Mailing Address 215 SE 8th Street City Topeka FEC ID number of contributing federal political committee. Name of Employer Kansas Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 66603-3906 Financial Advocacy Year-to-Date ▼ 304.36 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mr. Steven Edgar Mailing Address 8430 N. Northridge Ct. City Wichita FEC ID number of contributing federal political committee. Name of Employer Wesley Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 67205 utive Officer Year-to-Date ▼ 262.50 | Date of Receipt |
| Full Name (Last, First, Middle Initial) C. Mr. Steven Stites Mailing Address 5901 Belleview Ave. City Kansas City FEC ID number of contributing federal political committee. Name of Employer University of Kansas Hospital, The Receipt For: Primary General Other (specify) ▼ | | Zip Code 64113-1372 I lent Clinical Affairs Year-to-Date ▼ 500.00 | Date of Receipt |
| SUBTOTAL of Receipts This Page (optional |) | | 805.98 |

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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Tammy Peterman RN, MS Mailing Address 3901 Rainbow Boulevard City Kansas City FEC ID number of contributing federal political committee. | Ms. Tammy Peterman RN, MS Mailing Address 3901 Rainbow Boulevard City State Zip Code Kansas City KS 66160-8500 FEC ID number of contributing C | | | | | | | Date of Receipt | | | | | | | | | | |
| Name of Employer University of Kansas Hospital, The Receipt For: Primary General Other (specify) | | ice President, Chief Operat Year-to-Date ▼ 500.00 |] | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Richard Davis Mailing Address 250 Hospital Place City Soldotna FEC ID number of contributing federal political committee. Name of Employer Central Peninsula General Hospital Receipt For: Primary General Other (specify) ▼ | State AK C Occupation Chief Execu Aggregate | Zip Code 99669-7559 tive Officer Year-to-Date ▼ 1000.00 | | | / | 16 on ID : | | | Y .00 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr. James Bickel Mailing Address 5060 Somerset Lane City Columbus FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Receipt For: Primary General Other (specify) | State IN C Occupation Chief Execu Aggregate | Zip Code 47201-3129 tive Officer Year-to-Date ▼ 576.50 | | | sacti | 16 ion ID | | iis Period | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ms. Kristi L. Bledsoe | | | Date of Receipt | | | | | | | | |
| | Mailing Address 17367 N. S. R. 13 | | | M = M / D = D / Y = Y = Y = Y Y 12 16 2015 | | | | | | | | |
| | City Elwood | State IN | Zip Code 46036 | Transaction ID : 22868651 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | | | | |
| | Name of Employer St. Vincent Frankfort Hospital | Occupation | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 250.00 |] | | | | | | | | |
| В. | / | | | Date of Receipt | | | | | | | | |
| | Mailing Address 2900 West 16th Street | State | Zip Code | 12 16 2015 | | | | | | | | |
| | City Bedford | IN | 47421-3510 | Transaction ID : 22868655 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | | | |
| | Name of Employer Indiana University Health Bedford Hosp | Occupation President a | nd Chief Executive Officer | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 275.00 |] | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Mr Marc Golan | | | Date of Receipt | | | | | | | | |
| | Mailing Address 25 E. Superior Street #1302 | - | | 12 16 / Y Y Y Y 12 16 2015 | | | | | | | | |
| | City Chicago | State IL | Zip Code 60611-2560 | Transaction ID : 22868656 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Franciscan Alliance | Chief Finar | ncial Officer | _ | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | | |
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| NAM | e of committee (In Full) erican Hospital Associatio | | | | | | | | | | | | |
| A. <u>Mr.</u> | Name (Last, First, Middle Initial) Craig C Kinyon ng Address 3402 Deer Park Court | | | | Date o | | D | | Y Y | Y | | | |
| City Rich | mond | State IN | Zip Code 47374-7935 | 12 16 2015 Transaction ID : 22868658 Amount of Each Receipt this Period | | | | | | | | | |
| | ID number of contributing al political committee. | С | | | | | 7 | | | 0.00 | | | |
| | e of Employer Health | Occupation President | | | | | | | | | | | |
| Rece | ipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | |
| B. <u>Mr</u> . | Name (Last, First, Middle Initial) Martin Padgett | | | | Date o | of Re | ceipt | | | | | | |
| Mailir | ng Address 1606 Fox Run Trail | | | | M M | / | D 16 | | 2015 | Y | | | |
| City | | State | Zip Code | | | | | : 2286866 | | | | | |
| FEC | rsonville ID number of contributing al political committee. | IN C | 47130-8204 | Amount of Each Receip | | | | | 264.50 | | | | |
| | e of Employer Memorial Hospital | Occupation President a | nd Chief Executive Officer | | | | | | | | | | |
| Rece | ipt For: Primary General Other (specify) ▼ | ary General Aggregate rear-to-Date V | | | | | | | | | | | |
| | Name (Last, First, Middle Initial) . Craig W Jones FACHE | | | | Date o | of Re | ceipt | | | | | | |
| Mailir | ng Address 4000 Lincoln Boulevard | | | | ^M 12 | / | D 16 | | y y 2015 | Y | | | |
| City Okla | homa City | State OK | Zip Code 73105-5207 | | | | | : 228705 4 Receipt th | | d | | | |
| | ID number of contributing al political committee. | С | | | | | , | | 275 | 0.00 | | | |
| Oklal | e of Employer homa Hospital Association | Occupation President | | | | | | | | | | | |
| Rece | ipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 3750.00 |] | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Lynne Stewart White Mailing Address 4000 Lincoln Boulevard City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer | State OK C | Zip Code 73105-5207 | [| | / sactio | 16 0n ID : | 2287054 | nis Perioc | |
| Oklahoma Hospital Association Receipt For: Primary General Other (specify) | | Government Relations Year-to-Date ▼ 1000.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Rick Snyder Mailing Address 4000 Lincoln Boulevard City Oklahoma City | State OK | Zip Code 73105-5207 | [| | actic | 16 | 2287054 | 2015 8 his Perioc | y J |
| FEC ID number of contributing federal political committee. Name of Employer Oklahoma Hospital Association Receipt For: | | ent, Finance & Information Year-to-Date ▼ 1000.00 | | | | 7 | | 500 | 0.00 |
| Full Name (Last, First, Middle Initial) Ms. Mary Winters Mailing Address 7750 N Chisholm HIII Rd City Yukon FEC ID number of contributing federal political committee. Name of Employer Oklahoma Hospital Association Receipt For: Primary General Other (specify) | | Zip Code 73099-9134 on & Support Services Year-to-Date ▼ 500.00 | [| | / sactio | 16 on ID : | 2287054 | nis Perioc | |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association I | | ee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. LaWanna S. Halstead RN, MPH Mailing Address 4000 Lincoln Boulevard City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Oklahoma Hospital Association | State Zip Code OK 73105-5207 C Occupation VP, Quality & Clinical Initiatives | Date of Receipt 12 16 2015 Transaction ID : 22870550 Amount of Each Receipt this Period 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) B. Ms. Shelby Faust Mailing Address 4000 Lincoln Boulevard | | Date of Receipt |
| City Oklahoma City | State Zip Code OK 73105-5207 | Transaction ID : 22870551 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Oklahoma Hospital Association Receipt For: | Occupation Executive Vice President Aggregate Year-to-Date ▼ | 200.00 |
| Other (specify) ▼ | 460.00 | |
| Full Name (Last, First, Middle Initial) Dr. Ian Tucker MD Mailing Address 201 Chestnut Hill Road | | Date of Receipt |
| City Stafford Springs | StateZip CodeCT06076-4005 | Transaction ID : 22871160 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer Johnson Memorial Medical Center Receipt For: Primary General Other (specify) | Occupation Vice President Medical Affairs Aggregate Year-to-Date ▼ 250.00 | |
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| | | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Ms Karen Buckley Mailing Address 25 Christian's Crossing City Durham FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 06422-3618 ent Advocacy Year-to-Date ▼ 350.00 | Date of Receipt |
| в. | Full Name (Last, First, Middle Initial) Mr. Javier Hernandez-Lichtl Mailing Address 9555 SW 162nd Avenue City Miami | State FL | Zip Code 33196-6408 | Date of Receipt Max M / D / Y Y Y 12 17 2015 Transaction ID : 22871190 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer West Kendall Baptist Hospital Receipt For: | 1 | utive Officer Year-to-Date ▼ 1000.00 | 1000.00 |
| C. | Full Name (Last, First, Middle Initial) Dr. Richard O Davis PhD Mailing Address 5255 Loughboro Road NW City Washington FEC ID number of contributing federal political committee. Name of Employer Sibley Memorial Hospital Receipt For: Primary General Other (specify) ▼ | State DC C Occupation President Aggregate | Zip Code 20016-2633 Year-to-Date ▼ 250.00 | Date of Receipt 12 18 2015 Transaction ID : 22871638 Amount of Each Receipt this Period 250.00 250.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 1600.00 |

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| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Camille Rose Bash Mailing Address 10959 Shadow Lane City Columbia FEC ID number of contributing federal political committee. Name of Employer Doctors Community Hospital Receipt For: Primary General Other (specify) | State MD C Occupation CFO/VP Fi Aggregate | | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Mr. Mark Boucot Mailing Address 251 North Fourth Street City Oakland FEC ID number of contributing federal political committee. Name of Employer Garrett County Memorial Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 21550-1375 n nd Chief Executive Officer Year-to-Date ▼ 255.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) C. Mrs. Elizabeth T Beaudin RN, P Mailing Address 69 Day Street City Granby FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) | State CT C Occupation Senior Dire | Zip Code 06035-2901 ector, Nursing, Health, and Year-to-Date ▼ 350.00 | Date of Receipt |
| SUBTOTAL of Receipts This Page (optional). | | | 792.00 |

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

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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | 11a | | 11b | | 11c 15 | 12 | | 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using t | | | | or the | | rpose | | oliciting | g contrib | butio | ons |
| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | - | | | | | | |
| A. Full Name (Last, First, Middle Initial) Mr. Matthew L Anderson JD Mailing Address 2550 University Avenue W. | | | | Date o | | / D | 18 | / Y | 2015 | | Y |
| City Saint Paul | State MN | Zip Code 55114-1052 | | Trans | | tion ID | D : 22 | 287167 ceipt th | | | _ |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | | | 92.9 | 95 |
| Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) | | tent, Regulatory/Strategic A Year-to-Date ▼ 969.80 |] | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Dr. Ben Bache-Wiig MD Mailing Address 800 East 28th Street | | | | Date o | of R | | D | / V | v | | v |
| City Minneapolis | State MN | Zip Code 55407-3723 | | | | tion ID | 18) : 22 | 287167 ceipt th | 2015 9 iis Perio | od | Ŷ |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | 2 | 50.0 |)0 |
| Name of Employer Abbott Northwestern Hospital | Occupation President | 1 | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr. Lawrence J Massa | | | | Date o | of Re | eceipt | : | | | | |
| Mailing Address 2550 University Avenue We | | | | ^M 12 | | | D 18 | / Y | 2015 | | Ŷ |
| City Saint Paul | State MN | Zip Code 55114-1907 | | | | | | 287168 ceipt th | 57 lis Perio | bc | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | 5 | 00.0 | 00 |
| Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) | Occupation President Aggregate | Year-to-Date ▼ 2650.00 |] | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | | , | | , | 84 | 42.9 | 15 |

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| SCHEDULE A | (FEC Form 3X) |
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| TIEMIZED RECEIPTS | tor each category of the Detailed Summary Page | X 11a 11b 11c 12 |
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| | rts and Statements may not be sold or used by an | |
| NAME OF COMMITTEE (In Full) American Hospital Assoc | using the name and address of any political comm iation PAC | ittee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) A. Mr. David A Nelson Mailing Address 2400 St Francis Driv City Breckenridge | e State Zip Code MN 56520-1025 | Date of Receipt 12 18 2015 Transaction ID : 22871689 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Occupation | 250.00 |
| CHI St. Francis Health Receipt For: Primary General Other (specify) ▼ | President Aggregate Year-to-Date ▼ 270.00 | |
| B. Full Name (Last, First, Middle Initial) Mr. Ben Peltier Mailing Address 2550 University Ave | nue W | Date of Receipt |
| Suite 350-S City | State Zip Code | 12 18 2015 Transaction ID : 22871690 |
| Saint Paul FEC ID number of contributing federal political committee. | MN 55114-1907 | Amount of Each Receipt this Period |
| Name of Employer Minnesota Hospital Association | Occupation Vice President, Legal Services | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.93 | |
| Full Name (Last, First, Middle Initial) C. Ms. Mary J Ruyter | | Date of Receipt |
| Mailing Address 1430 North Highway | State Zip Code | 12 18 2015 Transaction ID : 22871691 |
| Jackson | MN 56143-1093 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation Chief Executive Officer | |
| Sanford Jackson Medical Center Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 300.00 | |
| SUBTOTAL of Receipts This Page (op | tional) | 400.00 |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using t | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | |
| A. Full Name (Last, First, Middle Initial) Mr. Jaime Pla MHA Mailing Address Villa Nevarez Professional | Center, | | Date of Receipt |
| City San Juan | State PR | Zip Code 00927 | 12 19 2015 Transaction ID : 22871879 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer Puerto Rico Hospital Association Receipt For: | Occupation President | | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] |
| B. Full Name (Last, First, Middle Initial) Ms. Cecelia F. Pelkey Mailing Address 100 Midway Road, Suite 21 | · | | Date of Receipt |
| City | State | Zip Code | 12 21 2015 Transaction ID : 22872141 |
| Cranston | RI | 02920-5742 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 350.00 |
| Name of Employer Hospital Association of Rhode Island | Occupation Director, Go | overnment Relations | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 350.00 |] |
| Full Name (Last, First, Middle Initial) C. Mr. Marc P. Blum | | | Date of Receipt |
| Mailing Address 2907 W. Strathmore Avenu | | | 12 21 Y Y Y Y 2015 |
| City Baltimore | State MD | Zip Code 21209-3810 | Transaction ID : 22872202 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer | Occupation | | |
| LifeBridge Health | Board Merr | nber | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] |
| SUBTOTAL of Receipts This Page (optional). | | | 1850.00 |

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

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | 11a | | 11b 14 | 11c | 12 | 17 |
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| Any information copied from such Reports and s or for commercial purposes, other than using the | | | or the | | pose c | of solicitin | ig contribu | utions |
| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | |
| Full Name (Last, First, Middle Initial) Dr Sarah Wickenhagen DNP, APRN, Mailing Address 999 3Rd Ave Ste 100 City Seattle FEC ID number of contributing federal political committee. Name of Employer Northwest Organization of Nurse Execut Receipt For: Primary General Other (specify) ▼ | State WA C Occupation Chief Execut | Zip Code 98104-4019 tive Officer /ear-to-Date ▼ 250.00 | | sact | 2 [′] ion ID | 1 : 228722 | his Perioc | Y 1 0.00 |
| Full Name (Last, First, Middle Initial) B. Mr. Ketul J Patel Mailing Address 1933 Dock Street City Tacoma FEC ID number of contributing federal political committee. Name of Employer CHI Franciscan Health System Receipt For: Primary General Other (specify) ▼ | State WA C Occupation Chief Execut Aggregate | Zip Code 98402-3267 ive Officer /ear-to-Date ▼ 500.00 | | / | 2 [,] ion ID | 1 : 228722 : | his Perioc | ý 1 0.00 |
| Full Name (Last, First, Middle Initial) C. Ms. Sarah Patterson Mailing Address P O Box 900 City Seattle FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 98111-0900 ce President and Chief Ope /ear-to-Date ▼ 1194.00 | | sact | 2 ⁻ | 1 : 228722 | his Perioc | |
| SUBTOTAL of Receipts This Page (optional) | | | | | 7 | | 944 | .00 |

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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | | | for each category of the Detailed Summary Page | - | | 11b | 11c | 12 | |
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| | | | ay not be sold or used by any p ddress of any political committee | | purp | | | | |
| NAME OF C | OMMITTEE (In Full) n Hospital Associatio | | | | | | | | |
| A. Ms. Lisa F Mailing Addre City Charleston FEC ID num federal politic Name of Em MUSC Medic Receipt For: | al Center of Medical Univers | | Zip Code 29425-5836 or Finance and Support Serv Year-to-Date ▼ 250.00 | | sactio | 21 | | nis Perio | |
| B. Mr. Tim E Mailing Addre City Greenwood FEC ID num federal politio Name of Em Self Regional Receipt For: | ber of contributing cal committee. ployer Healthcare | State SC C Occupation Vice Preside Aggregate | | | actic | 21 | 2287225 Receipt th | nis Perio | id 50.00 |
| C. Mr Willia Mailing Addre City Greenwood FEC ID num federal politic Name of Em Self Regiona Receipt For: | I Healthcare | | Zip Code 29646-9237 cal Information Officer Year-to-Date ▼ 250.00 | | sactio | 21 21 | | nis Perio | |
| SUBTOTAL of | Receipts This Page (optional) | | | | | | | 62 | 5.00 |

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | × | - | | - F | 11c | 12 | |
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| Any information copied from such Reports ar or for commercial purposes, other than using | | | | | | e of | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association | on PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. William Keith Mailing Address 2435 Forest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer Self Regional Healthcare Receipt For: Primary General Other (specify) ▼ | | Zip Code 29204-2098 President, CAD Year-to-Date ▼ 500.00 | | 12 Trans | saction | 21 ID : | 2287226 Receipt th | nis Perioc | y 1 0.00 |
| Full Name (Last, First, Middle Initial) Dr. F Gregory Mappin MD Mailing Address 1325 Spring Street City Greenwood FEC ID number of contributing | State SC | Zip Code 29646-3860 | | 12 Trans | | 21 ID: | 2287226 Receipt th | | Y |
| federal political committee. Name of Employer Self Regional Healthcare Receipt For: Primary General Other (specify) ▼ | | ent Medical Affairs and Chi Year-to-Date ▼ 250.00 | | | | | | 250 | 0.00 |
| Full Name (Last, First, Middle Initial) Mr. James A Pfeiffer FACHE Mailing Address 1325 Spring Street City Greenwood FEC ID number of contributing federal political committee. Name of Employer Self Regional Healthcare Receipt For: Primary General Other (specify) ▼ | | Zip Code 29646-3860 and Chief Executive Officer Year-to-Date ▼ 500.00 | | 12 Trans | saction | 21 ID : | 2287226 Receipt th | nis Perioc | |
| SUBTOTAL of Receipts This Page (optional |) | | | | | | 7 | 1250 | .00 |

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| | the name and address of any | d or used by any person for the purpose of soliciting contributions y political committee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Craig White Mailing Address 1325 Spring Street City | State Zip Code | Date of Receipt 12 21 2015 Transaction ID : 22872266 |
| Greenwood FEC ID number of contributing federal political committee. | SC 29646-38 | |
| Name of Employer Self Regional Healthcare Receipt For: Primary General Other (specify) | Occupation Vice President Corporate Aggregate Year-to-Date | |
| Full Name (Last, First, Middle Initial) Mr. Don Heinemann Mailing Address 907 East Lamar Alexander City Maryville FEC ID number of contributing | State Zip Code TN 37804-50 | |
| rec ib number of contributing federal political committee. Name of Employer Blount Memorial Hospital Receipt For: | C Occupation Administrator and Chief Ex Aggregate Year-to-Date | |

| Mailing Address P O Box 15010 | | M M / D D / Y Y Y Y Y 12 21 2015 |
|--|---------------------------------------|---|
| City Knoxville | State Zip Code TN 37901-5010 | Transaction ID : 22872282 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 800.00 |
| Name of Employer | Occupation | |
| East Tennessee Children's Hospital | President and Chief Executive Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Other (specify) | 800.00 | |
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1450.00 |

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| SCHEDULE A | (FEC Form 3X) |
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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | y information copied from such Reports and a for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Anthony Spezia Mailing Address 100 Fort Sanders West Bould | | | Date of Receipt |
| | City Knoxville | State TN | Zip Code 37922-3353 | Transaction ID : 22872284 |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| | Name of Employer | Occupation | I | |
| | Covenant Health | President a | nd Chief Executive Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
| В. | Full Name (Last, First, Middle Initial) Mr. Marc Overlock | | | Date of Receipt |
| | Mailing Address 1818 Albion Street | 12 21 _2015 _ | | |
| | City | State | Zip Code | Transaction ID : 22872302 |
| | Nashville | TN | 37208-2918 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 400.00 |
| | Name of Employer Nashville General Hospital | Occupation General Co | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | |
| | Full Name (Last, First, Middle Initial) Mr. Barton A Hove | | | Date of Receipt |
| | Mailing Address 1905 American Way | 12 21 2015 | | |
| | City Kingsport | State TN | Zip Code 37660-5882 | Transaction ID : 22872305 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | 800.00 | |
| | Name of Employer | Occupation | I | |
| | Wellmont Health System | President a | nd Chief Executive Officer | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | | 800.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 2400.00 |

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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Scott Tongate Mailing Address 326 Asbury Avenue City Ripley FEC ID number of contributing federal political committee. Name of Employer Lauderdale Community Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 38063-5577 utive Officer Year-to-Date ▼ 800.00 | Date of Receipt 12 21 2015 Transaction ID : 22872307 Amount of Each Receipt this Period 800.00 |
| Full Name (Last, First, Middle Initial) B. Mr Joe Burchfield Mailing Address 5201 Virginia Way City Brentwood FEC ID number of contributing federal political committee. Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify) ▼ | State TN C Occupation Asst. Vice F Aggregate | | Date of Receipt 12 21 2015 Transaction ID : 22872308 Amount of Each Receipt this Period 100.80 |
| Full Name (Last, First, Middle Initial) C. Mr. Chris Clarke Mailing Address 5201 Virginia Way City Brentwood FEC ID number of contributing federal political committee. Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 37027-7540 President, Center for Pati Year-to-Date ▼ 333.43 | Date of Receipt 12 21 2015 Transaction ID : 22872309 Amount of Each Receipt this Period 100.03 |
| SUBTOTAL of Receipts This Page (optional) | | •••••• | 1000.83 |

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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associati | on PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich Mailing Address 5201 Virginia Way City Brentwood FEC ID number of contributing | | Zip Code 37027-7540 | Date of Receipt 12 21 2015 Transaction ID : 22872311 Amount of Each Receipt this Period 100.03 |
| federal political committee. Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify) ▼ | I | ice President Year-to-Date ▼ 333.43 | |
| Full Name (Last, First, Middle Initial) Mr. James L. Goodloe Mailing Address 5201 Virginia Way City | | Zip Code | Date of Receipt |
| Brentwood FEC ID number of contributing federal political committee. | State TN | 37027-7540 | Transaction ID : 22872312 Amount of Each Receipt this Period 100.03 |
| Name of Employer Tennessee Hospital Association Receipt For: Primary General | Occupation Senior Vice Aggregate | | 1 |
| C. Mr. Bill Jolley Mailing Address 5201 Virginia Way City Brentwood FEC ID number of contributing federal political committee. Name of Employer Tanagagaa Magnital Accessing | State TN C | Zip Code 37027-7540 | Date of Receipt 12 21 2015 Transaction ID : 22872313 Amount of Each Receipt this Period 100.03 |
| Tennessee Hospital Association Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (option: | Aggregate | Year-to-Date ▼ 333.43 | 300.09 |

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| | | for each category of the Detailed Summary Page | 11a | | 11b 14 | 11c | 12 | 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using th | | | for the | | pose o | f soliciting | g contribu | utions |
| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. David Neiger Mailing Address 5201 Virginia Way City Brentwood FEC ID number of contributing federal political committee. Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 37027-7540 ting/ Chief Financial Officer Year-to-Date ▼ 240.00 | | sact | 21 ion ID | | nis Perioo | d 2.00 |
| Full Name (Last, First, Middle Initial) B. Ms. Gwyn E Walters Mailing Address 5201 Virginia Way City | State | Zip Code | Date o | / | 21 | | y y 2015 | Y |
| Brentwood FEC ID number of contributing federal political committee. Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify) ▼ | TN C Occupation VP for Rese | 37027-7540 | | | | : 2287231 Receipt th | nis Perioo | d 0.03 |
| Full Name (Last, First, Middle Initial) Mr. Eric Lunn Mailing Address 96 Rivers Drive City Grand Forks FEC ID number of contributing federal political committee. Name of Employer Altru Health System Receipt For: Primary General Other (specify) ▼ | | Zip Code 58201 cal Executive Year-to-Date ▼ 300.00 | | sact | 22 tion ID | | nis Perioo | _ |
| SUBTOTAL of Receipts This Page (optional) | | | | | 7 | | 372 | 2.03 |

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| SCHEDULE A | (FEC Form 3X) |
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| | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Marcus McKinney Mailing Address 65 Quail Run City South Windsor FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ | | Zip Code 06074-2357 unity Health Equity Year-to-Date ▼ 250.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mr. David A. Whitehead Mailing Address 112 Mansfield Avenue | | | Date of Receipt |
| City Willimantic FEC ID number of contributing federal political committee. | CT | Zip Code 06226-2045 | Transaction ID : 22872608 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Windham Hospital Receipt For: | | Hartford HealthCare East Re Year-to-Date ▼ | |
| Other (specify) | | 1000.00 |] |
| C. Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings Mailing Address 901 Pequot Ave | State | Zip Code | Date of Receipt |
| New London FEC ID number of contributing | СТ | 06320-4241 | Transaction ID : 22872609 Amount of Each Receipt this Period 1000.00 |
| federal political committee. Name of Employer Lawrence + Memorial Hospital Receipt For: Primary General Other (specify) ▼ | Occupation President a | nd Chief Executive Officer Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 2250.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 OF (check only one) |
|---|-------------|---|--|
| | | | v person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association Full Name (Last, First, Middle Initial) A. Mr. Jeff Austin | on PAC | | Date of Receipt |
| Mailing Address 33 Fuller Road | | | 12 23 2015 |
| City Augusta | State ME | Zip Code 04330-4910 | Transaction ID : 22872714 Amount of Each Receipt this Period |
| FEC ID number of contributing | С | | 350.00 |

| | Augusta | ME 04330-4910 | Amount of Each Receipt this Period |
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| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer | Occupation | |
| | Maine Hospital Association | Vice President Government Affairs and | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| В. | Full Name (Last, First, Middle Initial) Mr. Michael S Rose | | Date of Receipt |
| _ | Mailing Address P O Box 2014 | | 12 23 2015 |
| | City | State Zip Code | Transaction ID : 22872786 |
| | Nashua | NH 03061-2014 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer | Occupation | - |
| | Southern New Hampshire Medical Center | Senior Vice President Finance and Chie | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| c. | Full Name (Last, First, Middle Initial) Dr. Christopher Lehrach MD | · | Date of Receipt |

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| Mailing Address 365 Montauk Avenue | | M M / D D / Y Y Y Y 12 30 2015 |
|--|--|---|
| City New London | State Zip Code CT 06320-4700 | Transaction ID : 22881555 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 350.00 |
| Name of Employer | Occupation | _ |
| L+M Healthcare | President, L+M Medical Group and Chief | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 350.00 | |
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1050.00 |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Pa | ge X 11a 11b 11c 12 |
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| | | y any person for the purpose of soliciting contributions form such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | |
| Full Name (Last, First, Middle Initial) Mr. John Sackett Mailing Address 9901 Medical Center Drive | | Date of Receipt |
| City Rockville | State Zip Code MD 20850-3357 | Transaction ID : 22881561 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Shady Grove Adventist Hospital | President | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 204 | 4.00 |
| Full Name (Last, First, Middle Initial) B. Mr. Kenneth A Samet | | Date of Receipt |
| Mailing Address 5565 Sterrett Place, 5th Flo | 12 29 2015 | |
| City | State Zip Code MD 21044-2665 | Transaction ID : 22881562 |
| Columbia FEC ID number of contributing federal political committee. | MD 21044-2665 | Amount of Each Receipt this Period |
| Name of Employer MedStar Health | Occupation President and Chief Executive Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 255 | .00 |
| Full Name (Last, First, Middle Initial) C. Ms. Christine R. Wray | | Date of Receipt |
| Mailing Address 22302 Bretmar Drive | | M M / D D / Y Y Y Y 12 29 2015 |
| City Leonardtown | StateZip CodeMD20650-2228 | Transaction ID : 22881563 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 680.00 |
| Name of Employer | Occupation | |
| MedStar Southern Maryland Hospital Cen | President | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1190 | 0.00 |
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X 11a 11b 12 11c 14 13 15 16 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 Full Name (Last, First, Middle Initial) Mr. Thomas A, Kleinhanzl Α. Date of Receipt Mailing Address 4306 Saratoga Springs Court M M / 2015 12 29 City Zip Code State Transaction ID : 22881564 MD Middletown 21769-8110 Amount of Each Receipt this Period FEC ID number of contributing С 85.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Frederick Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Christine Swearingen Date of Receipt Mailing Address 3022 Chestnut Street, NW М M 12 29 2015 City State Zip Code Transaction ID: 22881565 DC Washington 20015-1408 Amount of Each Receipt this Period FEC ID number of contributing С 255.00 federal political committee. Name of Employer Occupation MedStar Health **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primarv General 255.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mary Joy Drass-Maxwell M.D. Date of Receipt Mailing Address 2065 Water Mark Place M = M 2015 12 29 City Zip Code State Transaction ID: 22881566 Potomac Falls VA 20165 Amount of Each Receipt this Period FEC ID number of contributing 255.00 С federal political committee. Name of Employer Occupation MedStar Health Executive Vice President-Washington Re Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 595.00 SUBTOTAL of Receipts This Page (optional).....

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FEC Schedule A (Form 3X) Rev. 02/2003

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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 OF 185 (check only one) International statements International statements International statements X 11a 11b International statements International statements | | | | | | |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | 13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association I | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Arthur A Ushijima FACHE | | | Date of Receipt | | | | | | |
| | Mailing Address 1301 Punchbowl Street | | | 12 28 2015 | | | | | | |
| | City | State HI | Zip Code | Transaction ID : 22881568 | | | | | | |
| | Honolulu | | 96813-2402 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 500.00 | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Queen's Medical Center | President | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | | 1000.00 |] | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Ms. Martha Nathanson | | | Date of Receipt | | | | | | |
| | Mailing Address 6230 Woodcrest Avenue | | | 12 29 2015 | | | | | | |
| | City | State | Zip Code | Transaction ID : 22881569 | | | | | | |
| | Baltimore | MD | 21209-3935 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 255.00 | | | | | | |
| | Name of Employer LifeBridge Health | Occupation Vice Preside | ent Government and Communit | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 |] | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr Maureen McCausland DNSc, F | RN, | | Date of Receipt | | | | | | |
| | Mailing Address 2378 Adam David Way | | | 12 29 2015 | | | | | | |
| | City Marriottsville | State MD | Zip Code 21104-1478 | Transaction ID : 22881573 Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 255.00 | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | MedStar Health | Sr. Vice Pre | esident and Chief Nursing O | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General | | | 1 | | | | | | |
| | Other (specify) | L | 255.00 | 1 | | | | | | |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X | - | | 11b | 11c | 12 | |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association F | | doress of any political committee | | | ntribu | tions | from suc | | liee. |
| Full Name (Last, First, Middle Initial) Dr. Jeffrey P DiLisi Mailing Address 1861 Amberwood Manor City Vienna FEC ID number of contributing federal political committee. Name of Employer Virginia Hospital Center - Arlington Receipt For: Primary General Other (specify) ▼ | | Zip Code 22182-3102 ent and Chief Medical Offic Year-to-Date ▼ 350.00 | | | / sactio | 29 on ID : | 2288157 | nis Perioc | y j j.00 |
| Full Name (Last, First, Middle Initial) B. Ms. Lynn Ingram Boggs Mailing Address 388 Weybridge St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Porter Medical Center Receipt For: Primary General Other (specify) ▼ | State VT C Occupation Chief Execu Aggregate | | | | / sactio | 28 n ID : | 2288158 | nis Perioc | Y J D.00 |
| Full Name (Last, First, Middle Initial) Dr. Ronald DiSimone MD Mailing Address 266 Spook Hollow Road City Cogan Station FEC ID number of contributing federal political committee. Name of Employer Susquehanna Health Receipt For: Primary General Other (specify) ▼ | State PA C Occupation Physician Aggregate | Zip Code 17728-9756 Year-to-Date ▼ 500.00 | | | sactio | 28 28 on ID : | 2288159 | nis Perioc | |
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X 11a 11b 12 11c 14 13 15 16 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 Full Name (Last, First, Middle Initial) Α. Mr. Elliot T Joseph Date of Receipt Mailing Address One State Street, 19th Floor M M / 2015 12 28 City Zip Code State Transaction ID : 22881591 СТ Hartford 06103-3102 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Hartford HealthCare President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Lester K Diamond Date of Receipt Mailing Address 969 Lakeland Drive M M 12 28 2015 City State Zip Code Transaction ID: 22881605 MS Jackson 39216-4606 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation St. Dominic-Jackson Memorial Hospital President Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Richard Grimes Date of Receipt Mailing Address 116 Woodgreen Crossing M = M / D 2015 12 28 City Zip Code State Transaction ID: 22881608 MS Madison 39110-4522 Amount of Each Receipt this Period FEC ID number of contributing 29.16 С federal political committee. Name of Employer Occupation Chief Financial Officer Mississippi Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 250.80 Other (specify) 1279.16 SUBTOTAL of Receipts This Page (optional).....

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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City Jackson FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ | State MS C Occupation President Aggregate | Zip Code 39216-4606 Year-to-Date ▼ 500.00 | | sact | 28 ion ID | | nis Perioo | |
| Full Name (Last, First, Middle Initial) Mr. Richard G Hilton Mailing Address P O Box 1506 City Starkville FEC ID number of contributing federal political committee. Name of Employer OCH Regional Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 39760-1506 or and Chief Executive Offi Year-to-Date ▼ 800.00 | | acti | 28 ion ID | | nis Perioo | d 0.00 |
| Full Name (Last, First, Middle Initial) Mr. Steve Lesley Mailing Address 116 Woodgreen Crossing City Madison FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Association Receipt For: Primary General Other (specify) ▼ | | Zip Code 39130-1909 Data Services Year-to-Date ▼ 247.38 | | sact | 28 ion ID | | nis Perioo | _ |
| SUBTOTAL of Receipts This Page (optional) | | | | | , | | 748 | 6.48 |

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| NAME OF COMMITTEE (In Full) American Hospital Association I | PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Julie McNeese Mailing Address 116 Woodgreen Crossing City Madison FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Association Receipt For: Primary General Other (specify) ▼ | State MS C Occupation Vice Presid Aggregate | | | | / sact | 28 ion ID : | | nis Perio | _ |
| Full Name (Last, First, Middle Initial) Mr. William C Oliver Mailing Address 6051 U S Highway 49 City Hattiesburg FEC ID number of contributing federal political committee. Name of Employer Forrest General Hospital Receipt For: Primary General Other (specify) ▼ | State MS C Occupation President Aggregate | Zip Code 39401-7200 Year-to-Date ▼ 2500.00 | | | / acti | 28 ion ID : | | nis Perio | d 0.00 |
| Full Name (Last, First, Middle Initial) Mr. Lawrence M. Riddles MD Mailing Address 969 Lakeland Drive City Jackson FEC ID number of contributing federal political committee. Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 39216-4606 /P, Medical Affairs & Qualit Year-to-Date ▼ 250.00 | | | / sact | 28 tion ID | | nis Perio | _ |
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| NAME OF COMMITTEE (In Full) American Hospital Asso | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initi A. Mr. Brian Brezosky Mailing Address Post Office Box 4 | 36620 | | | Date of | f Receip | pt 29 | / Y | 2015 | Ŷ | | | | | |
| City | State KY | Zip Code 40253-6620 | | | saction | | | | | | | | | |
| Louisville FEC ID number of contributing federal political committee. | С | 40235-0020 | | Amoun | t of Eac | ch Rec | ceipt thi | is Perioc 500 | 1 D.00 | | | | | |
| Name of Employer Kentucky Hospital Association | Occupatior Senior Vice | | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 |] | | | | | | | | | | | |
| Full Name (Last, First, Middle Initi B. Ms. Elizabeth G. Cobb | al) | | | Date o | f Receip | pt | | | | | | | | |
| Mailing Address P.O. Box 436629 | Vialling Address P.O. Box 436629 | | | | | | 12 29 2015 | | | | | | | |
| City Louisville | State KY | Zip Code 40205-3033 | | Transaction ID : 22881638 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | 40200-5005 | | Amount of Each Receipt this Period | | | | | | | | | | |
| Name of Employer Kentucky Hospital Association | Occupation Director of | n Health Policy | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | | | |
| Full Name (Last, First, Middle Initi C. Ms. Kim J. Dees | al) | | | Date o | f Receip | ot | | | | | | | | |
| Mailing Address 2501 Nelson Mille Post Office Box 4 | 36629 | Zin Oode | | м м 12 | | 29 | / Y | 2015 | Y | | | | | |
| City Louisville | State KY | Zip Code 40223-2221 | A | | saction t of Eac | | | | 1 | | | | | |
| FEC ID number of contributing federal political committee. | C | | | Amount of Each Receipt this Period | | | | | 0.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | | | | | | | | |
| Kentucky Hospital Association | Executive I | Dir, Center for Health Care | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | | | |
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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X | 11a 13 | | 11b 14 | 11c | 12 16 | 17 | | | | | | | |
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| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ms. Nancy C. Galvagni Mailing Address 2501 Nelson Miller Parkway | | | Date of Receipt | | | | | | | | | | | | | |
| | City Louisville | State KY | Zip Code 40223-2221 | A | Trans | | ion ID | : 228816 4 Receipt th | 10 | d | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 50 | 0.00 | | | | | | | |
| | Name of Employer Kentucky Hospital Association Receipt For: | Occupation Senior Vice | President | | | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mr. Stephen P. Miller | | | | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 1101 Cardinal Drive | | | | | | M M / D D / Y Y Y Y Y 12 29 _2015 _ | | | | | | | | | | |
| | City Louisville | State KY | Zip Code 40253-6629 | | Trans | | ion ID : | 2288164 Receipt th | 2 | d | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 0.00 | | | | | | | |
| | Name of Employer Kentucky Hospital Association | Occupation Vice Preside | | | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Ms. Sarah S. Nicholson | | | | Date o | f Re | eceipt | | | | | | | | | | |
| | Mailing Address 2501 Nelson Miller Parkway | | | | | M M / D D / Y Y Y Y 12 29 2015 | | | | | | | | | | | |
| | City Louisville | State KY | Zip Code 40223-2221 | A | | | | : 228816 4 Receipt th | | d | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | , | 50 | 0.00 | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | | | |
| | Kentucky Hospital Association Receipt For: Primary General Other (specify) ▼ | | ent, Government Relations Year-to-Date ▼ 500.00 | _ | | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ••••• | <u> </u> | | | 7 | 1 | 1500 | 0.00 | | | | | | | |

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| | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association | e name and a | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Ms. Debbie Riley Mailing Address 502 Trotwood Place | | | Date of Receipt |
| | City | State | Zip Code | 12 29 2015 Transaction ID : 22881646 |
| | Ecuisville FEC ID number of contributing federal political committee. | КҮ | 40245-4071 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Kentucky Hospital Association Receipt For: Primary General | Occupation Chief Finan Aggregate | ncial Officer Year-to-Date ▼ | |
| В. | Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Carol J. Walters Mailing Address Post Office Box 436629 | | 500.00 | Date of Receipt 12 29 2015 |
| | City Louisville FEC ID number of contributing | State KY | Zip Code 40253-6629 | Transaction ID : 22881647 Amount of Each Receipt this Period 500.00 |
| | federal political committee. Name of Employer Kentucky Hospital Association | Occupation Vice Presid | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] |
| C. | Full Name (Last, First, Middle Initial) Mr. Charles J. Warnick Mailing Address 120 Hillitop Meadow | | | Date of Receipt 12 29 2015 |
| | City Frankfort FEC ID number of contributing federal political committee. | State KY | Zip Code 46001 | Transaction ID : 22881648 Amount of Each Receipt this Period 500.00 |
| | Name of Employer Kentucky Hospital Association Receipt For: | Occupation Director of Aggregate | | |

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| NAME OF COMMITTEE (In Full) American Hospital Association | | | 2 10 30 | | | | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Cynthia Blair Mailing Address 7935 Preservation Road City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Tallahassee Memorial HealthCare Receipt For: Primary General Other (specify) | State FL Occupation Vice Presiden Aggregate Ye | | | | / sact | 28 ion ID : | 2288166 Receipt th | 20 59 | 015 eriod 250.0 | У 00 |] |
| Full Name (Last, First, Middle Initial) Ms Lourdes Boue Mailing Address 5200 NE Second Avenue City Miami FEC ID number of contributing federal political committee. Name of Employer Miami Jewish Home and Hospital for Age Receipt For: Primary General Other (specify) | State FL Occupation Chief Financia Aggregate Ye | | | | / sacti | 28 ion ID : | 2288167 Receipt th | 20 7 0 | | У ОО |] |
| Full Name (Last, First, Middle Initial) Mr. Albert Boulenger Mailing Address 8900 North Kendall Drive City Miami FEC ID number of contributing federal political committee. Name of Employer Baptist Hospital of Miami Receipt For: Primary General Other (specify) | State FL C Occupation Chief Executiv Aggregate Ye | | | | sact | 28 ion ID | | 20 7 1 nis P | | _ |] |
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| Full Name (Last, First, Middle Initial) A. Ms. Sheryl Dodds Mailing Address 10602 Woodchase Circle | | | M M | Receipt | / Y | Y Y Y | | |
| City Orlando | State FL | Zip Code 32836-5885 | | 28 action ID : 2 t of Each Re | | | | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 500.00 | | |
| Name of Employer Florida Hospital Receipt For: Primary General Other (specify) ▼ | Occupation Chief Clinic Aggregate | | 1 | | | | | |
| Full Name (Last, First, Middle Initial) Mr. William A Giudice | | | | Receipt | | | | |
| Mailing Address 1300 Miccosukee Road City Tallahassee | State FL | Zip Code 32308-5093 | | 28 action ID : 2 t of Each Re | | | | |
| FEC ID number of contributing federal political committee. | С | | | | , | 500.00 | | |
| Name of Employer Tallahassee Memorial HealthCare | Occupation Vice Preside | ent and Chief Financial Off | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Denise H. Harris RN, MSI | N, M | | Date of | Receipt | | | | |
| Mailing Address 9567 SW 59th Terrace | State | Zip Code | 12 Trans | / 28 action ID : 2 | / Y | 2015 7 | | |

2015 Miami FL 33173-1512 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Chief Nursing Officer West Kendall Baptist Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | on PAC | | |
| A. Full Name (Last, First, Middle Initial) Mr. Javier Hernandez-Lichtl Mailing Address 9555 SW 162nd Avenue City | State | Zip Code | Date of Receipt 12 28 2015 Transaction ID : 22881678 |
| Miami FEC ID number of contributing federal political committee. | FL | 33196-6408 | Amount of Each Receipt this Period |
| Name of Employer West Kendall Baptist Hospital Receipt For: Primary General Other (specify) ▼ | | utive Officer Year-to-Date ▼ 2000.00 |] |
| Full Name (Last, First, Middle Initial) B. Mr. Warren Jones Mailing Address 1300 Miccosukee Road | | 7. 0. 1 | Date of Receipt |
| City Tallahassee FEC ID number of contributing federal political committee. | State FL | Zip Code 32308-5054 | Transaction ID : 22881679 Amount of Each Receipt this Period 500.00 |
| Name of Employer Tallahassee Memorial HealthCare Receipt For: Primary General Other (specify) | | ent and Chief Communication Year-to-Date ▼ 500.00 | 1 |
| C. Full Name (Last, First, Middle Initial) Milling Address 1125 San Pedro Ave | State | Zip Code | Date of Receipt 12 28 2015 Transaction ID : 22881680 |
| Coral Gables FEC ID number of contributing federal political committee. Name of Employer Baptist Health South Florida Receipt For: Primary General Other (specify) ▼ | FL Occupation Senior Exe | 33156-6343 | Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optiona | l) | | 2000.00 |

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| NAME OF COMMITTEE (In Full) American Hospital Association | | deless of any political committee | | | lions | ITOIN SUC | | | <u>.</u> | |
| Full Name (Last, First, Middle Initial) Ms. Becky Montesino Mailing Address 8900 N Kendall Dr City Miami FEC ID number of contributing federal political committee. Name of Employer Baptist Hospital of Miami Receipt For: Primary General Other (specify) ▼ | | Zip Code 33176-2118 ent and Chief Nursing Offic Year-to-Date ▼ 1000.00 | | sactio | 28 n ID : | | 20 82 | 015 Period 1000. | Y 00 |] |
| Full Name (Last, First, Middle Initial) Mr Robert Moore Mailing Address 900 Riggins Rd Apt 724 City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Tallahassee Memorial HealthCare Receipt For: Primary General Other (specify) ▼ | State FL C Occupation Chief HR O Aggregate | | | sactio | 28 n ID : | | 20 33 | 015 Period 250. | 00 |] |
| Full Name (Last, First, Middle Initial) Mr. Ed Noseworthy Mailing Address 1055 Saxon Boulevard City Orange City FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Receipt For: Primary General Other (specify) ▼ | | Zip Code 32763-8468 nd Chief Executive Officer Year-to-Date ▼ 500.00 | | sactio | 28 28 | | 20 84 | 015 Period 500. | _ |] |
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X 11a 11b 11c 12 14 13 15 16 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 Full Name (Last, First, Middle Initial) Mr. G. Mark O'Bryant Α. Date of Receipt Mailing Address 1300 Miccosukee Road M M / 2015 12 28 City State Zip Code Transaction ID : 22881685 FL 32308-5054 Tallahassee Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Tallahassee Memorial HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Phillis Oeters Date of Receipt Mailing Address 6855 Red Road, Suite 600 Μ M 12 28 2015 City State Zip Code Transaction ID: 22881686 FL Miami 33143-3632 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Baptist Health South Florida Corporate Vice President Government an Receipt For: Aggregate Year-to-Date ▼ Primarv General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Daryl Tol Date of Receipt Mailing Address 301 Memorial Medical Parkway M = M / D 2015 12 28 City State Zip Code Transaction ID: 22881687 FL Daytona Beach 32117-5167 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Chief Executive Officer Florida Hospital Memorial Medical Cent Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional).....

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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Carol H Burrell Mailing Address 743 Spring Street NE City Gainesville FEC ID number of contributing federal political committee. Name of Employer Northeast Georgia Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 30501-3715 Ind Chief Executive Officer Year-to-Date ▼ 500.00 | Date of Receipt 12 30 2015 Transaction ID : 22881718 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) B. Ms. Jessica Y Carter Mailing Address 902 North Seventh Street City Cordele FEC ID number of contributing federal political committee. Name of Employer Crisp Regional Hospital Receipt For: Primary General Other (specify) ▼ | State GA C Occupation Chief Finan Aggregate | | Date of Receipt 12 30 2015 Transaction ID : 22881719 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) Mr. John M Haupert FACHE Mailing Address P O Box 26189 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 30303-0004 utive Officer Year-to-Date ▼ 500.00 | Date of Receipt |
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| Any information copied from such Reports and or for commercial purposes, other than using | | | | | | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Ethan James Mailing Address 1838 Ravenwood Way City Atlanta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify) | | Zip Code 30329-2723 nt of Government Relations /ear-to-Date ▼ 1202.00 | | 12 Transa | | | nis Period | 2.00 |
| Full Name (Last, First, Middle Initial) Mr. Reynold J Jennings Mailing Address 805 Sandy Plains Road City Marietta | State GA | Zip Code 30066-6340 | _ <u>[</u> | 12 12 | | | | Y |
| FEC ID number of contributing federal political committee. Name of Employer WellStar Health System Receipt For: | C Occupation Chief Execut Aggregate | ive Officer /ear-to-Date ▼ 250.00 | | | 7 | | 250 | .00 |
| Full Name (Last, First, Middle Initial) Ms. Shelvia A Koontz Mailing Address 100 Bridle Path City Cordele FEC ID number of contributing federal political committee. Name of Employer Crisp Regional Hospital Receipt For: Primary General Other (specify) | State GA C Occupation Medical Image Aggregate | Zip Code 31015-9154 ging Director /ear-to-Date ▼ 500.00 | | 12 Transa | | | nis Period | |
| SUBTOTAL of Receipts This Page (optional). | | | | | - 7 | 7 | 752 | .00 |

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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | American Hospital Association | PAC | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ms. Mary Jim Montgomery RN, MSN | , M | | | Date o | f R | eceipt | | | | | | | | |
| | Mailing Address PO BOX 27697 | | | | м м 12 |] | / 30 | | | ү ү 2015 | Y | | | | |
| | City | State | Zip Code | | Trans | sac | tion ID | : 2288 | 1732 | | | | | | |
| | Panama City | FL | 32411-7697 | / | Amoun | t o | f Each | Receip | t this | Perio | d | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | , | 50 | 0.0 | 0 | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | | |
| | Crisp Regional Hospital | Chief Opera | ating Officer | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | | 11 | | | | | | | | | | | |
| | Other (specify) | L | 500.00 | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mr. Leo Reichert | | | | Date o | f R | eceipt | | | | | | | | |
| | Mailing Address 805 Sandy Plains Road | | | 12 30 2015 | | | | | | | | | | | |
| | City | State | Zip Code | | Transaction ID : 22881736 | | | | | | | | | | |
| | Marietta | GA | 30066-6340 | / | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 250.00 | | | | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | WellStar Health System | Executive V | ice President and General C | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | 1 | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | , 250.00 |] | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Mr. Wayne Senfeld | I | | | Date o | f R | eceipt | | | | | | | | |
| | Mailing Address 327 Kramer Street | | | | м м 12 | 1 | / 30 | | | y y 2015 | Y | 1 | | | |
| | City | State | Zip Code | | Trans | sac | tion ID | : 2288 | 1739 | | | | | | |
| | Carrollton | GA | 30117-3707 | / | Amoun | t of | f Each | Receip | t this | Perio | d | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | , | 25 | 50.0 | 0 | | | |
| | Name of Employer | Occupation | | _ | | | | | | | | | | | |
| | Tanner Health System | Senior Vice | President | | | | | | | | | | | | |
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| | Primary General | 33.23.40 | | 1 | | | | | | | | | | | |
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FEC Schedule A (Form 3X) Rev. 02/2003

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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Kurt Stuenkel FACHE Mailing Address P O Box 233 City Rome FEC ID number of contributing federal political committee. Name of Employer Floyd Medical Center Receipt For: Primary General Other (specify) ▼ | Zip Code 30162-0233 Ind Chief Executive Officer Year-to-Date ▼ 250.00 | | M M 12 Trans | saction | 30 ID : 2 | / Y 2288174 eccipt th | is Perioc | y 1 0.00 |
| Full Name (Last, First, Middle Initial) Ms. Peggy L Abbott Mailing Address P O Box 797 City Camden FEC ID number of contributing federal political committee. Name of Employer Ouachita County Medical Center Receipt For: Primary General Other (specify) ▼ | Zip Code 71711-0797 Ind Chief Executive Officer Year-to-Date ▼ 325.00 | | M M 12 Trans | action | 28 ID:2 | / Y 2288174 eccipt th | is Perioc | ¥ 1 5.00 |
| Full Name (Last, First, Middle Initial) Mr. Chris B Barber FACHE Mailing Address 225 East Jackson Avenue City Jonesboro FEC ID number of contributing federal political committee. Name of Employer St. Bernards Medical Center Receipt For: Primary General Other (specify) ▼ | Zip Code 72401-3119 nd Chief Executive Officer Year-to-Date ▼ 227.50 | | M M 12 Trans | saction | 28 ID:2 | / Y 2288174 ecceipt th | 2015 5 is Perioc | |
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| NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | |
| Full Name (Last, First, Middle Initial) Mr. Gary Bebow FACHE Mailing Address P O Box 2197 City Batesville FEC ID number of contributing federal political committee. Name of Employer White River Medical Center Receipt For: Primary General Other (specify) ▼ | State Zip Code AR 72503-2197 C Occupation Administrator and Chief Executive Offi Aggregate Year-to-Date ▼ 227.50 | Date of Receipt 12 28 2015 Transaction ID : 22881746 Amount of Each Receipt this Period 227.50 |
| Full Name (Last, First, Middle Initial) Ms. Pamela R. Brown RN BSN CPH Mailing Address 419 Natural Resources Drive City Little Rock FEC ID number of contributing federal political committee. Name of Employer Arkansas Hospital Association Receipt For: Primary General Other (specify) ▼ | State Zip Code AR 72205-1576 C Occupation VP of Quality and Patient Safety Aggregate Year-to-Date ▼ 260.00 | Date of Receipt 12 28 2015 Transaction ID : 22881747 Amount of Each Receipt this Period 260.00 |
| Full Name (Last, First, Middle Initial) Mr. Lee Gentry FACHE Mailing Address 9601 Interstate 630, Exit 7 City Little Rock FEC ID number of contributing federal political committee. Name of Employer Baptist Health Rehabilitation Institut Receipt For: Primary General Other (specify) ▼ | State Zip Code AR 72205-7202 C Occupation Occupation Vice President and Administrator Aggregate Year-to-Date ▼ 227.50 | Date of Receipt |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association | | ddress of any political committee | | | | Julions | from suc | | | <u>.</u> | |
| Full Name (Last, First, Middle Initial) Mr. Rex Jones Mailing Address 404 South Bradley Street City Warren FEC ID number of contributing federal political committee. Name of Employer Bradley County Medical Center Receipt For: Primary General Other (specify) ▼ | State AR C Occupation Chief Execu Aggregate | | | | sact | 28 ion ID | | 52 | 015 | 50 |] |
| Full Name (Last, First, Middle Initial) Mr. Edward L Lacy FACHE Mailing Address 1800 Bypass Road City Heber Springs FEC ID number of contributing federal political committee. Name of Employer Baptist Health Medical Center-Heber Sp Receipt For: Primary General Other (specify) ▼ | 1 | Zip Code 72543-9135 ent and Administrator Year-to-Date ▼ 227.50 | | | sact | 28 ion ID : | 2288175 Receipt th | 20 5 5 | 015 Period 227. | 50 |] |
| Full Name (Last, First, Middle Initial) Mr Corbet J Lamkin Mailing Address P O Box 797 City Camden FEC ID number of contributing federal political committee. Name of Employer Ouachita County Medical Center Receipt For: Primary General Other (specify) ▼ | State AR C Occupation Chairman c Aggregate | | | | sact | 28 tion ID | | 20 56 | 015 Period 650. | _ |] |
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| NAME OF COMMITTEE (In Full) American Hospital Associatio | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. James L Magee Mailing Address 1206 Gordon Duckworth E | James L Magee | | | | | | | | | | | | | |
| City Piggott | State AR | Zip Code 72454-1911 | | | | | 2288175 | 2015 58 nis Perioc | 1 | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 22 | 7.50 | | | | | |
| Name of Employer Piggott Community Hospital | Occupation Executive [| | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 227.50 | 1 | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Mr. Raymond W Montgomery II F Mailing Address 3214 East Race Avenue | aymond W Montgomery II FACHE | | | | | | | Y Y | Y | | | | | |
| City | State | | 12 28 2015 Transaction ID : 22881759 | | | | | | | | | | | |
| Searcy FEC ID number of contributing federal political committee. | | | | | | | Amount of Each Receipt this Period | | | | | | | |
| Name of Employer Unity Health White County Medical Cent | Occupation President a | | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 325.00 |] | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Ms. Elisa M White | | | | Date o | f Red | ceipt | | | | | | | | |
| Mailing Address 419 Natural Resources Dr | ive | | | ^M 12 | / | D 28 | | 2015 | Y | | | | | |
| City Little Rock | State AR | Zip Code 72205-1576 | | | | | : 2288176 Receipt th | 63 nis Perioc | 1 | | | | | |
| FEC ID number of contributing federal political committee. | С | | | 325.00 | | | | | | | | | | |
| Name of Employer | Occupatior | | | | | | | | | | | | | |
| Arkansas Hospital Association Receipt For: Primary General Other (specify) ▼ | | lent and Legal Counsel Year-to-Date ▼ 325.00 |] | | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \backslash | American Hospital Association | n PAC | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Steven Douglas Weeks FACHE | | | | Date o | f Re | eceipt | | | | | | | | |
| | Mailing Address 9601 Interstate 630, Exit 7 | | | | м м 12 | / | 28 | | | 015 | Y | | | | |
| | City | State | Zip Code | | | sact | | : 2288179 | | | | | | | |
| | Little Rock | AR | 72205-7202 | Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | | | 325. | .00 | | | | |
| | Name of Employer | Occupation | 1 | _ | | | | | | | | | | | |
| | Baptist Health Medical Center-Little R | Senior Vice | President and Administrato | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | 005.00 | 11 | | | | | | | | | | | |
| | Other (specify) | | 325.00 | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) B. Ms Rena Dickerson | | | | | | eceipt | | | | | | | | |
| | Mailing Address 902 North Seventh Street | | | 12 30 2015 | | | | | | | | | | | |
| | City | State | Zip Code | | Transaction ID : 22881838 | | | | | | | | | | |
| | Cordele | GA | 31015-3234 | A | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 500.00 | | | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | | |
| | Crisp Regional Hospital | Nursing Ho | me Administrator | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | 7 | - | | | | | | | | | | | |
| C. | | | | [| Date o | f Re | eceipt | | | | | | | | |
| | Mailing Address 902 North Seventh Street | | | | м м 12 | | 30 | | |) 15 | Y | | | | |
| | City | State | Zip Code | | Trans | sact | tion ID | : 2288184 | 10 | | | | | | |
| | Cordele | GA | 31015-3234 | A | Amoun | t of | Each I | Receipt th | nis F | 'eriod | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | J | _ | 500 | .00 | | | | |
| | Name of Employer | Occupatior | 1 | | | | | | | | | | | | |
| | Crisp Regional Hospital | HIM Coord | inator | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | 500.00 | 11 | | | | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | | | | | |
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FEC Schedule A (Form 3X) Rev. 02/2003

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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Mitch Hiers Mailing Address 902 North Seventh Street City Cordele FEC ID number of contributing federal political committee. Name of Employer Crisp Regional Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 31015-3234 formation Systems Year-to-Date ▼ 500.00 | | | sact | 30 ion ID : | | is Perio | _ |
| Full Name (Last, First, Middle Initial) Mr. Dave Kicker Mailing Address 902 North Seventh Street City Cordele FEC ID number of contributing federal political committee. Name of Employer Crisp Regional Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 31015-3234 Professional Services Year-to-Date ▼ 500.00 | | | sact | 30 ion ID : | | is Perio | d 0.00 |
| Full Name (Last, First, Middle Initial) Ms Laura Stephens Mailing Address 902 North Seventh Street City Cordele FEC ID number of contributing federal political committee. Name of Employer Crisp Regional Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 31015-3234 Community Relations & Volu Year-to-Date ▼ 500.00 | | | sact | 30 | | iis Perioo | _ |
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| or for commercial purposes, other than using | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association | on PAC | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Rob Thorne Mailing Address 902 North Seventh Street City Cordele FEC ID number of contributing federal political committee. | State GA | Zip Code 31015-3234 | | | / sactio | 30 on ID : | 2288184 Receipt th | 2 15 | 015 Period 500. | ч 00 |] |
| Name of Employer Crisp Regional Hospital Receipt For: Primary General Other (specify) | | source Director Year-to-Date ▼ 500.00 |] | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Neil Hilton Mailing Address 2005 Warren Avenue Post Office Box 249 City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Wyoming Hospital Association Receipt For: Primary General Other (specify) ▼ | State WY C Occupation Vice Preside Aggregate | | | | / sactio | 29 on ID : | 2288184 Receipt th | 20 17 | 015 Period 350. | ч 00 |] |
| Full Name (Last, First, Middle Initial) Ms. Robin Roling Mailing Address 150 East Arapahoe Street City Thermopolis FEC ID number of contributing federal political committee. Name of Employer Hot Springs County Memorial Hospital Receipt For: Primary General Other (specify) ▼ | State WY C Occupation Chief Exect | Zip Code 82443-2402 utive Officer Year-to-Date ▼ 250.00 | | | sactic | 29 29 | | 20 48 | 015 Period 250 | _ |] |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association | | ddress of any political committe | e to so | licit co | ntrib | utions | from suc | 1 commi | itee. |
| Full Name (Last, First, Middle Initial) Mr. Keith Murphy Mailing Address 514 Hundred Acre Rd. City Orange FEC ID number of contributing federal political committee. Name of Employer Yale-New Haven Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 06477-3705 rategic Sourcing Year-to-Date ▼ 250.00 | | | / sacti | 31 | D / Y : 2288185 Receipt th | nis Perioo | d 0.00 |
| Full Name (Last, First, Middle Initial) B. Ms Theresa Boyle Mailing Address 315 Martin Luther King Jr Watching City Tacoma FEC ID number of contributing federal political committee. Name of Employer MultiCare Health System Receipt For: Primary General Other (specify) ▼ | State WA Occupation Senior Vice | Zip Code 98405-4234 President, Strategy Year-to-Date ▼ 250.00 | | | / sacti | 31 on ID : | 2288185 Receipt th | nis Perioo | d 5.00 |
| Full Name (Last, First, Middle Initial) Dr. Joseph Wright Mailing Address 111 Michigan Avenue NW City Washington FEC ID number of contributing federal political committee. Name of Employer Howard University Hospital Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Chief of Pe Aggregate | | | | , sacti | 31 ion ID | | nis Perioo | _ |
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| NAME OF COMMITTEE (In Full) American Hospital Associati | on PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Carlos Milanes Mailing Address 302 University Parkway City Aiken FEC ID number of contributing federal political committee. Name of Employer Edgefield County Hospital Receipt For: Primary General Other (specify) | State SC C Occupation Chief Exect Aggregate | | 12 Trans | sactior | ot 30 2015 ID : 22889694 ch Receipt this Period 1000.00 | | | | |
| Full Name (Last, First, Middle Initial) B. Dr. Richard Foster MD Mailing Address 1000 Center Point Road | | | - | Date o | of Rece | eipt 30 | | 2015 | Ŷ |
| City Columbia FEC ID number of contributing federal political committee. Name of Employer | State SC C | Zip Code 29210-5802 | | Trans | | n ID : | 2288969 Receipt th | 7 | _ |
| South Carolina Hospital Association Receipt For: Primary General Other (specify) | Sr. Vice Pre | esident Year-to-Date ▼ 250.00 |] | | | | | | |
| C. Full Name (Last, First, Middle Initial) Ms. Lara E. Hewitt Mailing Address 1000 Center Point Road | State | Zin Ooda | | M M | | 30 | | y y 2015 | Y |
| City Columbia FEC ID number of contributing federal political committee. Name of Employer South Carolina Hospital Association Receipt For: □ Primary □ General Other (specify) ▼ | | Zip Code 29210-5802 ducation Services Year-to-Date ▼ 208.00 | | | | | 2288970 | is Period | 3.00 |
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| NAME OF COMMITTEE (In Full) American Hospital Association PA | łC | |
| South Carolina Hospital Association | State Zip Code SC 29210-5802 C C Descupation C President and Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt |
| South Carolina Hospital Association □ Receipt For: □ Primary □ General □ Other (specify) ▼ | State Zip Code SC 29150-5920 C C Decupation Director, Staffing Services Aggregate Year-to-Date ▼ 250.25 | Date of Receipt |
| South Carolina Hospital Association | State Zip Code SC 29210-5802 C C Decupation /P, Public Relations Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 12 30 2015 Transaction ID : 22889712 Amount of Each Receipt this Period 250.00 |
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| NAME OF COMMITTEE (In Full) American Hospital Associa | tion PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Allan Stalvey Mailing Address 900 Gregg Street City Columbia FEC ID number of contributing federal political committee. Name of Employer South Carolina Hospital Association Receipt For: Primary General Other (specify) ▼ | State SC C Occupation Senior Vice Aggregate | Zip Code 29201-3913 President /ear-to-Date ▼ 1560.00 | | 12 Trans | action II | 30) : 228903 Receipt t | | |
| Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward FACHE, E Mailing Address 298 Memorial Drive | | 7.0.1 | | M M 12 | ; | BO / Y | 2015 | Y |
| City Seneca | State SC | Zip Code 29672-9499 | | | |) : 2289030 Receipt t | | ł |
| FEC ID number of contributing federal political committee. | С | | | | | | 250 | 0.00 |
| Name of Employer Oconee Memorial Hospital | Occupation President an | d Chief Executive Officer | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | /ear-to-Date ▼ 250.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) C. James R Walker | | | | Date o | f Receipt | | | |
| Mailing Address 1000 Center Point Rd | | | | м м 12 | | 30 | 2015 | Y |
| City Columbia | State SC | Zip Code 29210-5802 | | | | D : 228903 Receipt t | | |
| FEC ID number of contributing federal political committee. | C | | | | | | 300 | 0.00 |
| Name of Employer South Carolina Hospital Association | Occupation | President, Regulatory & Wo | | | | | | |
| Receipt For: Primary Other (specify) ▼ | I | /ear-to-Date ▼ 300.00 |] | | | | | |
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| Mailing Address 1 Spring Back Way | | | M M | 30 | / Y | 2015 |
| City Anderson | State SC | Zip Code 29621-2676 | Transa | action ID : 2 of Each Re | |) |
| FEC ID number of contributing federal political committee. | С | | | 3 | | 500.00 |
| Name of Employer | Occupation | | | | | |
| AnMed Health Medical Center Receipt For: Primary General Other (specify) | | ector, AnMed Health Foundat Year-to-Date ▼ 1750.00 |] | | | |
| Full Name (Last, First, Middle Initial) Mr. Richard E D'Alberto FACHE Mailing Address P O Drawer 976 | | | Date of | Receipt | / Y | y y y 2015 |
| City | State | Zip Code | | action ID : 2 | | |
| Clinton FEC ID number of contributing federal political committee. | SC C | 29325-0976 | Amount | of Each Re | ceipt this | s Period 500.00 |
| Name of Employer Greenville Health System - Laurens Cou | Occupation Campus Pro | | _ | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | |
| Full Name (Last, First, Middle Initial) Mr. Richard Kirk Toomey DHA, | FACHE | | Date of | Receipt | | |
| Mailing Address 955 Ribaut Road | | | м м 12 | / D D 30 | / Y | уууу 2015 |
| City Beaufort | State SC | Zip Code 29902-5441 | | action ID : 2 of Each Re | | |

FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer **Beaufort Memorial Hospital** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association | | y political committee | e to solicit co | ontributions | from such | committe | 90. |
| Full Name (Last, First, Middle Initial) Mr. William T Manson III Mailing Address 800 North Fant Street City Anderson FEC ID number of contributing federal political committee. Name of Employer AnMed Health Medical Center | State Zip Cod SC 29621-5 C Occupation Chief Executive Officer | | 12 Trans | of Receipt | : 22890312 | | ў 00 |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date | 2500.00 |] | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Thomas C Dandridge Mailing Address 3000 St Matthews Road City Orangeburg FEC ID number of contributing federal political committee. Name of Employer Regional Medical Center | State Zip Cod SC 29118-1 C Occupation President and Chief Exec | 442 | 12 Trans | of Receipt |) : 22890313 | 2015 3 Period 500. | ў 00 |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date | ▼ 1000.00 | 1 | | | | |
| Full Name (Last, First, Middle Initial) Dr. Patrick J Cawley MD Mailing Address 169 Ashley Avenue City Charleston FEC ID number of contributing federal political committee. Name of Employer MUSC Medical Center of Medical Univers Receipt For: Primary General Other (specify) | State Zip Cod SC 29425-5 C Occupation Chief Executive Officer a Aggregate Year-to-Date | and Vice Presi | 12 Tran | of Receipt |) : 22890314 | 2015 | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $\left \right\rangle$ | American Hospital Association I | PAC | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. David L. Dunlap FACHE | | | | Da | te o | f Re | eceipt | | | | |
| | Mailing Address 125 Doughty Street | | | | M | M | / | D D |) / Ү | Y | Y | Y |
| | Suite 760 | 0 1 1 | | | | 12 | | 30 | | 201 | 15 | |
| | City Charleston | State SC | Zip Code 29403-5736 | | | | | | 2289031 | | | |
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| | Name of Employer | Occupation | l | | | | | | | | | |
| | Bon Secours St. Francis Xavier Hospita | President a | nd Chief Executive Officer | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) ▼ | | 1500.00 | 11 | | | | | | | | |
| | | | 1 | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mr. Matthew J Severance FACHE | | | | Da | te o | f Re | eceipt | | | | |
| | Mailing Address 316 Calhoun Street | | | | | 12 | / | 30 | / Y | 201 | 5 | Y |
| | City | State | Zip Code | | Т | rans | sact | ion ID : | 2289031 | | | |
| | Charleston | SC | 29401-1113 | | Am | noun | t of | Each R | leceipt th | nis Pe | eriod | |
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| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Roper Hospital | Chief Execu | utive Officer | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Mr. Allen P Carroll | | | | Da | te o | f Re | eceipt | | | | |
| | Mailing Address 1338 Chrismill Lane | | | | | м 12 | / | 30 |) / Y | 201 | | Y |
| | City | State | Zip Code | | Т | rans | sact | ion ID : | 228903 | 17 | | |
| | Charleston | SC | 29429 | | Am | noun | t of | Each R | leceipt th | nis Pe | eriod | |
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| | Bon Secours St. Francis Xavier Hospita | Chief Exec | utive Officer | | | | | | | | | |
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| | Primary General | | 1000.00 | | | | | | | | | |
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| Α. | Full Name (Last, First, Middle Initial) Mr. Mark S Nantz FACHE | | | Date of Receipt | |
| | Mailing Address One St Francis Drive | | | 12 30 | 2015 |
| | City Greenville | State SC | Zip Code 29601-3999 | Transaction ID : 2289 Amount of Each Receip | |
| | FEC ID number of contributing federal political committee. | С | | | 500.00 |
| | Name of Employer | Occupation | | | |
| | Bon Secours St. Francis Health System Receipt For: Primary General Other (specify) ▼ | | utive Officer Year-to-Date ▼ 1000.00 |] | |
| В. | Full Name (Last, First, Middle Initial) Mr. Charles D Beaman Jr Mailing Address P O Box 2266 | | | Date of Receipt | Y Y Y Y |
| | City Columbia | State SC | Zip Code 29202-2266 | 12 30 Transaction ID : 22890 Amount of Each Receip | |
| | FEC ID number of contributing federal political committee. | С | | | 500.00 |
| | Name of Employer Palmetto Health | Occupatior Chief Exec | ו utive Officer | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | |
| с. | Full Name (Last, First, Middle Initial) Mr. James A Pfeiffer FACHE | | | Date of Receipt | |
| | Mailing Address 1325 Spring Street | | | 12 30 | 2015 |
| | City Greenwood | State SC | Zip Code 29646-3860 | Transaction ID : 2289 Amount of Each Receip | |
| | FEC ID number of contributing federal political committee. | С | | | 500.00 |
| | Name of Employer | Occupation | | | |
| | Self Regional Healthcare Receipt For: Primary General Other (specify) | | And Chief Executive Officer Year-to-Date ▼ 1000.00 |] | |

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| NAME OF COMMITTEE (In Full) American Hospital Association | | | 2 10 30 | | | | nom suc | | |
| Full Name (Last, First, Middle Initial) Mr. Dean M Harrison Mailing Address 251 East Huron Street City Chicago FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 60611-2908 nd Chief Executive Officer Year-to-Date ▼ 750.00 | | | sact | 28 ion ID | | nis Perio | |
| Full Name (Last, First, Middle Initial) Mr. Michael S Eesley Mailing Address P O Box 1990 City Woodstock FEC ID number of contributing federal political committee. Name of Employer Centegra Hospital - Woodstock Receipt For: Primary General Other (specify) ▼ | State IL Occupation Chief Execu Aggregate | | | | sact | 28 ion ID | | nis Perio | e Y id i0.00 |
| Full Name (Last, First, Middle Initial) Ms Denise Brady Mailing Address 4725 Montgomery Ave City Downers Grove FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Receipt For: Primary General Other (specify) ▼ | State IL Occupation Chief HR & Aggregate | | | | sact | 28 tion ID | | nis Perio | |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | | | |
| A. Full Name (Last, First, Middle Initial) Mr. Vincent Bufalino Mailing Address 2025 Windsor Drive | State | Zip Code | Date of Receipt |
| Oak Brook FEC ID number of contributing federal political committee. | C | 60523-1586 | Amount of Each Receipt this Period |
| Name of Employer Advocate Health Care Receipt For: Primary General Other (specify) V | Occupation Senior Vice Aggregate | |] |
| Full Name (Last, First, Middle Initial) B. Mr. Robert Christie Mailing Address 251 East Huron Street | | | Date of Receipt |
| City Chicago FEC ID number of contributing federal political committee. | State IL | Zip Code 60611-2908 | Transaction ID : 22890723 Amount of Each Receipt this Period 500.00 |
| Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) | | ent Government and Legislat Year-to-Date ▼ 500.00 |] |
| C. Full Name (Last, First, Middle Initial) Mr. Brian J Lemon Mailing Address 25 North Winfield Road | State | Zip Code | Date of Receipt 12 28 2015 Transaction ID : 22890724 |
| Winfield FEC ID number of contributing federal political committee. | | 60190-1295 | Amount of Each Receipt this Period |
| Name of Employer Central DuPage Hospital Receipt For: Primary General Other (specify) | Occupation President Aggregate | Year-to-Date ▼ 500.00 |] |
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| NAME OF COMMITTEE (In Full) American Hospital Associati | on PAC | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Thomas Lubotsky Mailing Address 2410 Cumberland Circle City Long Grove FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Receipt For: Discussion | | o Code)047-5018 | Date of Receipt | |
| Other (specify) | 7 | 500.00 |] | |
| Full Name (Last, First, Middle Initial) B. Mr. Martin Manning Mailing Address 3013 Mary Kay Lane City | State Zig | o Code | Date of Receipt | 2015 |
| Glenview | | 026-1162 | Transaction ID : 22890 Amount of Each Receipt | |
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| Name of Employer Advocate Health Care | Occupation Chief Executive Off | ïcer | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | -Date ▼ 1400.00 |] | |
| Full Name (Last, First, Middle Initial) C. Mr. Thomas J McAfee | | | Date of Receipt | |
| Mailing Address 660 North Westmoreland Road | | | M M / D D / 12 28 | Y Y Y Y 2015 |
| City Lake Forest | | o Code 045-1659 | Transaction ID : 22890 Amount of Each Receipt | |
| FEC ID number of contributing federal political committee. | С | | | 500.00 |
| Name of Employer Northwestern Lake Forest Hospital Receipt For: Primary General Other (specify) | Occupation President Aggregate Year-to | -Date ▼ 500.00 |] | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Andrew Scianimanico Mailing Address 2218 Kings Ct City Geneva FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 60134-4329 Revenue Cycle Year-to-Date ▼ 500.00 | | | sact | 28 tion ID | | nis Perio | d 0.00 |
| Full Name (Last, First, Middle Initial) Ms. Julie Lehr Creamer Mailing Address 3527 Illinois Road | | | | Date o | of Re | eceipt | | 2015 | Y |
| City Wilmette | State IL | Zip Code 60091-1011 | | | | | : 2289073 Receipt th | 34 | |
| FEC ID number of contributing federal political committee. | С | | | | it of | , | , | | 5.00 |
| Name of Employer Northwestern Memorial Hospital | Occupation Vice Presid | ent, Operations and Quality | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | 1 | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr. Jim Dechene | | | | Date c | of Re | eceipt | | | |
| Mailing Address 251 East Huron Street | | | | M N | 1 | 28 | | 2015 | Y |
| City Chicago | State IL | Zip Code 60611-2908 | | | | | : 228907 3 Receipt th | | d |
| FEC ID number of contributing federal political committee. | | | | | , | | 37 | 5.00 | |
| Name of Employer Northwestern Memorial Healthcare | Occupation Senior Vice | President and General Coun | | | | | | | |
| Receipt For: Primary General Other (specify) V | | Year-to-Date ▼ 375.00 |] | | | | | | |
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| | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Elizabeth Rosenberg Mailing Address 772 North Main Street City Glen Ellyn FEC ID number of contributing | State IL C | Zip Code 60137-3942 | Date of Receipt 12 28 2015 Transaction ID : 22890736 Amount of Each Receipt this Period 375.00 |
| federal political committee. Name of Employer Cadence Health Receipt For: Primary General Other (specify) ▼ | Occupation Executive \ | /ice President Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) Mr Serdar Bulun Mailing Address 251 East Huron Street City Out | State | Zip Code | Date of Receipt 12 28 2015 Transaction ID : 22890737 |
| Chicago FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Healthcare | IL C Occupation | 60611-2908 | Amount of Each Receipt this Period |
| Receipt For: Primary General Other (specify) ▼ | · | Year-to-Date ▼ 250.00 |] |
| C. Full Name (Last, First, Middle Initial) Mailing Address 2232 Walters Ave | | | Date of Receipt |
| City NORTHBROOK | State IL | Zip Code 60062-4530 | Transaction ID : 22890738 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Northwestern Memorial Healthcare Receipt For: Primary General Other (specify) | Occupation Vice Presic Aggregate | |] |
| SUBTOTAL of Receipts This Page (optional) |) | | 875.00 |

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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association | | ddress of any political committee | e to sol | icit co | ntribu | itions | from suc | h commit | ttee. |
| Full Name (Last, First, Middle Initial) Dr. Mark Daniels MD Mailing Address 300 Randall Road City Geneva FEC ID number of contributing federal political committee. Name of Employer Delnor Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 60134-4200 ent Physician Enterprise Year-to-Date ▼ 250.00 | | | sactic | 28 28 | | nis Perioc | y 1 0.00 |
| Full Name (Last, First, Middle Initial) Mr. Bruce M Elegant Mailing Address 520 South Maple Avenue City Oak Park FEC ID number of contributing federal political committee. Name of Employer Rush Oak Park Hospital Receipt For: Primary General Other (specify) | | Zip Code 60304-1097 And Chief Executive Officer Year-to-Date ▼ 250.00 | | | sactio | 28 on ID : | | nis Perioc | y 1 0.00 |
| Full Name (Last, First, Middle Initial) Mr. Matthew J Flynn Mailing Address 660 North Westmoreland Road City Lake Forest FEC ID number of contributing federal political committee. Name of Employer Northwestern Lake Forest Hospital Receipt For: Primary General Other (specify) | State IL Occupation Senior Vice | Zip Code 60045-1659 President and Chief Financ Year-to-Date ▼ 250.00 | | | sactic | 28 28 28 | | nis Perioc | |
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FEC Schedule A (Form 3X) Rev. 02/2003

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| | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associa | ition PAC | | |
| Full Name (Last, First, Middle Initial) Mr. William Kistner Mailing Address 912 S. Morgan Street City Chicago FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 60607-4219 ent, Internal Audit Year-to-Date ▼ 250.00 | Date of Receipt 12 28 2015 Transaction ID : 22890811 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Mr Jeff Kopin Mailing Address 150 Cary Ave City Highland Park FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) ▼ | State IL C Occupation Chief Medic Aggregate | | Date of Receipt M M / 28 2015 Transaction ID : 22890812 Amount of Each Receipt this Period Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Ms. Karen Mayer Mailing Address 915 Windsor Rd. City Glenview FEC ID number of contributing federal political committee. Name of Employer Rush Oak Park Hospital Receipt For: Primary General Other (specify) ▼ | | Zip Code 60025-3130 President Patient Care Ser Year-to-Date ▼ 250.00 | Date of Receipt Date of Receipt 28 2015 Transaction ID : 22890813 Amount of Each Receipt this Period 250.00 |
| SUBTOTAL of Receipts This Page (optic | nal) | | 750.00 |

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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Mr Bharat Mittal Mailing Address 251 East Huron Street City Chicago FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) | State IL Occupation Medical Dir Aggregate | | | | sact | 28 ion ID | | nis Perioo | 1 0.00 |
| Full Name (Last, First, Middle Initial) Dr. Kevin Most DO Mailing Address 25 North Winfield Road | | | | Date o | f Re | eceipt 28 | | ууу 2015 | Ŷ |
| City | State | Zip Code | | | | | : 2289081 | 5 | |
| Winfield FEC ID number of contributing federal political committee. | C | 60190-1295 | | Amoun | t of | Each I | Receipt th | |).00 |
| Name of Employer Central DuPage Hospital | Occupation Vice Preside | ent Medical Affairs | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Ms. Marsha Oberrieder | | | | Date o | f Re | eceipt | | | |
| Mailing Address 275 Noble Cirlcle | | | | ^{M M} 12 | 1 | 28 | | у у 2015 | Y |
| City Vernon Hills | State IL | Zip Code 60061 | | | | | : 228908 ⁻ Receipt th | | k |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | 25 | 0.00 |
| Name of Employer Northwestern Lake Forest Hospital | Occupation Vice Presid | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 | | | | | | | |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 |
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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | |
| A. Full Name (Last, First, Middle Initial) Mr. Nick Rave Mailing Address 1525 N. Clyburn Unit B City Chicago FEC ID number of contributing | State Zip Code IL 60610-2483 | Date of Receipt 12 28 2015 Transaction ID : 22890817 Amount of Each Receipt this Period 250.00 |
| federal political committee. Name of Employer Northwestern Memorial Healthcare Receipt For: □ Primary □ Other (specify) | Occupation Vice President Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) B. Mr. Phillip Roemer Mailing Address 251 East Huron Street City Chicago FEC ID number of contributing federal political committee. | State Zip Code IL 60611-2908 | Date of Receipt 12 28 2015 Transaction ID : 22890818 Amount of Each Receipt this Period 250.00 |
| Name of Employer Northwestern Memorial Healthcare Receipt For: Primary General Other (specify) ▼ | Occupation Chief Medical Officer Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. Michael Wukitsch Mailing Address 535 Waubonsee Trail City Batavia FEC ID number of contributing federal political committee. Name of Employer Cadence Health Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60510-1242 C Occupation Occupation Vice President Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 12 28 2015 Transaction ID : 22890819 Amount of Each Receipt this Period 250.00 250.00 |
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| or for commercial purposes, other than using | the name and a | address of any political committee | e to so | licit co | ntril | bution | ns fron | n such | comm | nittee | э. |
| NAME OF COMMITTEE (In Full) American Hospital Associatio | on PAC | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Ms. Marjorie A Maurer MSN, RN, C | 2 | | | Date o | of Ro | eceipt | t | | | | |
| Mailing Address 6818 Ticonderoga Rd | | | | ^M M | _ | / D | 28 | / Y | 2015 | | |
| City | State IL | Zip Code 60516-3108 | | | | | | 89082 | | | |
| Downers Grove | 12 | 00510-5106 | - 1 | Amoun | it of | f Each | n Rece | eipt th | is Perio | bd | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 7 | 1 | 50.0 | 0 |
| Name of Employer | Occupation | 1 | | | | | | | | | |
| Advocate Good Samaritan Hospital | Vice Presic | lent Operations, Patient Car | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | 300.00 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Rick Schroeder | | | | Date o | of Ro | eceipt | t | | | | |
| Mailing Address 1115 Lane 12 | | | | | | / D | 31 | / Y | 2015 | Y | |
| City State Zip Code | | | | | | | | 89093 | | | |
| Lovell | WY | 82431-9537 | | Amoun | t of | Each | n Rece | eipt th | is Perio | bd | |
| FEC ID number of contributing federal political committee. | | | | | | 7 | | 7 | 17 | 75.0 | 0 |
| Name of Employer North Big Horn Hospital District | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| Other (specify) | 1 | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr. Eric Boley | | | | Date o | of Re | eceipt | t | | | | |
| Mailing Address 2005 Warren Avenue | | | | ^M 12 | | | о 31 | / Y | 2015 | Y | |
| CityStateZip CodeCheyenneWY82001-3725 | | | | | | | | 89093 eipt th | 5 is Perio | bd | |
| FEC ID number of contributing federal political committee. | | | | | | 7 | | 7 | 2 | 50.0 | 0 |
| Name of Employer | Occupation | 1 | - | | | | | | | | |
| Wyoming Hospital Association President | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | 500.00 |] | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Gerard D Klein Mailing Address P O Box 1359 City Rock Springs FEC ID number of contributing | State WY | Zip Code 82902-1359 | Date of Receipt 12 31 2015 Transaction ID : 22890936 Amount of Each Receipt this Period 175.00 |
| federal political committee. Name of Employer Memorial Hospital of Sweetwater County Receipt For: Primary General Other (specify) ▼ | Occupation Chief Exect | utive Officer Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) B. <u>Ms. Vickie L Diamond RN, MS</u> Mailing Address 1233 East Second Street City Casper | State WY | Zip Code 82601-2926 | Date of Receipt 12 31 2015 Transaction ID : 22890937 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Wyoming Medical Center Receipt For: | | nd Chief Executive Officer Year-to-Date ▼ 1000.00 | 500.00 |
| Full Name (Last, First, Middle Initial) Mr. Douglas A McMillan Mailing Address 707 Sheridan Avenue | 01-1- | 7. 0.4 | Date of Receipt |
| City Cody FEC ID number of contributing federal political committee. Name of Employer West Park Hospital Receipt For: □ Primary □ General Other (specify) ▼ | | Zip Code 82414-3409 tor and Chief Executive Offi Year-to-Date ▼ 350.00 | Transaction ID : 22890938 Amount of Each Receipt this Period 175.00 |
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| NAME OF COMMITTEE (In Full) American Hospital Associati | - | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Ms Janet Sternberg Mailing Address 1233 East Second Street City Casper FEC ID number of contributing federal political committee. Name of Employer Wyoming Medical Center Receipt For: Primary General Other (specify) ▼ | State WY Occupation Chief Nursi | | | | / act | 31 ion ID : | 2 228909 Receipt t | 2 39 | 2015 Period 250. | |] |
| Full Name (Last, First, Middle Initial) Ms. Shelby Nelson Mailing Address P O Box 848 City Wheatland FEC ID number of contributing federal political committee. Name of Employer Platte County Memorial Hospital Receipt For: Primary General Other (specify) ▼ | State WY C Occupation Chief Execu Aggregate | | | | / acti | 31 ion ID : | 228909 228909 Receipt t | 20 43 | 015 Period 175. | .00 |] |
| Full Name (Last, First, Middle Initial) Mr. Charlie A Button Mailing Address P O Box 579 City Afton FEC ID number of contributing federal political committee. Name of Employer Star Valley Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 83110-0579 nd Chief Executive Officer Year-to-Date ▼ 350.00 | | | / sact | 31 | | 20 44 | 015 Period 175 | _ |] |
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| | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Doug Faus FACHE | | | Date | of Receipt | | | | | | |
| Mailing Address 255 North 30th Street | | | | 12 | | | y y 2015 | Y | | | |
| | City | State | Zip Code | Trai | nsaction ID : | 22890945 | | _ | | | |
| | Laramie | WY | 82072-5140 | Amou | unt of Each R | eceipt this | Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 175.0 | 00 | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Ivinson Memorial Hospital | | utive Officer | | | | | | | | |
| | Receipt For: | 1 | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | _ | | | | | | | |
| | Other (specify) ▼ | | 350.00 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mr. Ryan K Smith | | | Date | of Receipt | | | | | | |
| | Mailing Address P O Box 1450 | | | 12 | | | 2015 | Y | | | |
| | City | State | Zip Code | Trar | nsaction ID : | 22890946 | | | | | |
| | Douglas | WY | 82633-1450 | Amou | unt of Each R | eceipt this | Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | 500.0 | 00 | | | |
| | Name of Employer | Occupation | ٦ | | | | | | | | |
| | Memorial Hospital of Converse County | Chief Exec | utive Officer | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | | 1 | | | | | | | |
| | Other (specify) | L | 1000.00 | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Mr. Terry W Andrus | | | Date | of Receipt | | | | | | |
| | Mailing Address 2000 Pepperell Parkway | | | M 12 | | | 2015 | Y | | | |
| | City | State | Zip Code | Tra | nsaction ID : | 22890963 | | _ | | | |
| | Opelika | AL | 36801-5452 | Amou | unt of Each R | eceipt this | Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 1000. | 00 | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | East Alabama Medical Center | President | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | |
| | Primary General | , .99.09410 | | - L | | | | | | | |
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| | NAME OF COMMITTEE (In Full) American Hospital Associatio | on PAC | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Mr. Gregory A. Nichols CHFM Mailing Address 22136 Veterans Memorial | Diana | | C | ate of | f Ree | ceipt | | | |
| | City | State | Zip Code | _ [| 12 T rans | | 23 | | 2015 | Y |
| | Lafayette | 36862-3022 | | | | | : 2289096 Receipt th | | 1 | |
| | FEC ID number of contributing federal political committee. | | | | | , | 7 | 1000 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | |
| | East Alabama Medical Center | Assistant V | ice President, Operations | _ | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Ms. Laura D Grill BSN, RN | | | C | ate of | f Red | ceipt | | | |
| | Mailing Address 1726 Altamont Ct | | | | ^M ^M 12 | / | 23 | D / Y | 2015 | Y |
| | City | State | Zip Code | | Trans | actio | on ID : | 2289096 | 5 | |
| | Auburn | AL | 36830-2181 | A | moun | t of I | Each I | Receipt th | nis Perioo | ł |
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| | Name of Employer | Occupation | | | | | | | | |
| | East Alabama Medical Center | Executive V | ice President and Administr | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | General 1000.00 | | | | | | | | |
| С. | Full Name (Last, First, Middle Initial) Ms. Susan Johnston | | | | ate of | f Red | ceipt | | | |
| | Mailing Address 2208 Heritage Dr | | | | ^M 12 | / | D 23 | | 2015 | Y |
| | City Opelika | State AL | Zip Code 36804-7606 | | | | | : 2289096 | | |
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| | FEC ID number of contributing federal political committee. | C | | | 1000.00 | | | | | |
| | Name of Employer | | | | | | | | | |
| | East Alabama Medical Center | President Human Resources | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Bruce Zartman Mailing Address 1820 Coopers Pound Rd City Auburn FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: | | Zip Code 36830-7278 ice President Year-to-Date ▼ | | | / sact | 23 ion ID | 2289096 | his Period | |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Ms. LeAnne Moran | | 1000.00 |] | | f De | | | | |
| B. MS. LeAnne Moran Mailing Address 6451 Rock Spring Rd City Jacksons Gap FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 36861-4534 ce President/Revenue Cycle Year-to-Date ▼ 1000.00 | | | acti | 23 | 2289097 | 2015 77 his Period 1000 | |
| Full Name (Last, First, Middle Initial) C. Ms. Laura W. Bell Mailing Address 8897 Tara Lane City Auburn FEC ID number of contributing federal political committee. | State AL C | Zip Code 36830-8247 | | | / sact | 23 | : 2289097 | his Period | _ |
| Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼ | | President/ Quality Manageme Year-to-Date ▼ 1000.00 | | | _ | | | | |
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| | Detailed Summary Page | | 11a | | 11b | 11c | 12 | 2 | | |
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| Any information copied from such Reports and a or for commercial purposes, other than using th | Statements made and a | ay not be sold or used by any pound any political committee | erson f e to so | or the licit cor | purp ntrib | ose of utions f | soliciting irom sucl |) contri h comr | ibutio nittee | ons Ə. |
| American Hospital Association | PAC | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mrs. Roben H Nutter MBA, CPHQ Mailing Address 2000 Pepperell Parkway City | State | Zip Code | | Date of | 1 | 23 | | 2018 | | |
| Opelika | 36801-5452 | | | | | 2289097 | | a d | | |
| FEC ID number of contributing federal political committee. | | | Amount | OT | Each H | Receipt th | | 100 000.0 | 0 | |
| Name of Employer | Occupation | 1 | | | | | | | | |
| East Alabama Medical Center | Assistant V | ice President and General C | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr Brett Scullen | 1 | | | Date of | Re | ceipt | | | | |
| Mailing Address 1903 Highpoint Dr | | | | м м 12 | 1 | D D D 23 | / Y | 2015 | | |
| City | State | Zip Code | | Trans | actio | on ID : | 2289098 | 0 | | |
| Opelika | AL | 36801-2003 | / | Amount | of | Each R | leceipt th | is Peri | iod | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 10 | 0.00 | 0 |
| Name of Employer East Alabama Medical Center | Occupation Vice Presid | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Ms. Sarah T. Gray | 1 | | | Date of | Re | ceipt | | | | |
| Mailing Address 3010 Pheasant Dr | | | | м м 12 | / | D 23 |) / Y | y 2015 | | |
| City Opelika | State AL | Zip Code 36801-3363 | | | | | 2289098 | | | |
| | | 30001-3303 | - ' | Amount | of | Each R | leceipt th | iis Peri | iod | |
| FEC ID number of contributing federal political committee. | FEC ID number of contributing federal political committee. | | | | | , . | | 1(| 000.0 | 0 |
| Name of Employer | l | | | | | | | | | |
| East Alabama Medical Center | ice President/Information T | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | | |
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| SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 120 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16 |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | on PAC | | |
| Full Name (Last, First, Middle Initial) Ms Eve Milner Mailing Address 108 Jefferson Place | | | Date of Receipt |
| City | State | Zip Code | 12 23 2015 Transaction ID : 22890982 |
| Lagrange | GA | 30240-8527 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer | Occupation | 1 | |
| East Alabama Medical Center-Lanier | Assistant V | ice President Clinical Srvc | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) 3. Mr. Thomas M. Lane | | | Date of Receipt |
| Mailing Address 2407 11th Avenue | | | |

| Mailing Address 2407 11th Avenue | | 12 23 _2015 _ |
|--|--|-------------------------------------|
| City | State Zip Code | Transaction ID : 22890983 |
| Valley | AL 36854-2606 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer East Alabama Medical Center-Lanier | Occupation Assistant Vice President, Operations | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) C. Dr. Michael Lisenby MD | | Date of Receipt |
| Mailing Address 2000 Pepperell Parkway | | M M / D D / Y Y Y Y Y 12 23 2015 |
| City Opelika | State Zip Code AL 36801-5452 | Transaction ID : 22890984 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | - |
| East Alabama Medical Center | Vice President and Chief Medical Offic | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
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| SCHEDULE A | (FEC Form 3X) |
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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| | | | e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Sam Price Mailing Address 2000 Pepperell Parkway City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 36802-3201 /ice President Finance/Chief Year-to-Date ▼ 1000.00 | Date of Receipt Date of Receipt 23 2015 Transaction ID : 22890985 Amount of Each Receipt this Period 1000.00 |
| B. Full Name (Last, First, Middle Initial) Mr. Dennis Thrasher Mailing Address 2190 Springwood Drive | State | Zip Code | Date of Receipt 12 23 2015 Transaction ID : 22890986 |
| Auburn FEC ID number of contributing federal political committee. Name of Employer | AL C Occupation | 36830-7200 | Amount of Each Receipt this Period |
| East Alabama Medical Center Receipt For: Primary General Other (specify) ▼ | Asst.Vice P | resident/Controller Year-to-Date ▼ 1000.00 |] |
| C. Full Name (Last, First, Middle Initial) Ms. Jane M. Fullum Mailing Address 839 Millers Point Rd | State | Zip Code | Date of Receipt |
| Auburn FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) | AL Occupation Asst. Vice | 36830-7628 | Amount of Each Receipt this Period |
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| | and Statements may not be sold or used by any point the name and address of any political committent tion PAC | |
| Full Name (Last, First, Middle Initial) A. Mr. Ken Lott Mailing Address 1567 Oak Hill Circle | | Date of Receipt |
| City Auburn FEC ID number of contributing | State Zip Code AL 36832-6798 | Transaction ID : 22890988 Amount of Each Receipt this Period 1000.00 |
| federal political committee. Name of Employer East Alabama Medical Center Receipt For: □ Primary □ Other (specify) | Occupation Vice President, Operations Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) B. Mr. Gary R Gore Mailing Address 227 Britany Road City Guntersville FEC ID number of contributing federal political committee. Name of Employer | State Zip Code AL 35976-5766 C | Date of Receipt 12 23 2015 Transaction ID : 22890989 Amount of Each Receipt this Period 1000.00 1000.00 |
| Marshall Health System Receipt For: Primary General Other (specify) ▼ | Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00 |] |
| C. Full Name (Last, First, Middle Initial) Ms. Neeysa Biddle FACHE Mailing Address P O Box 12407 | | Date of Receipt |
| City Birmingham FEC ID number of contributing federal political committee. | State Zip Code AL 35202-2407 | Transaction ID : 22890990 Amount of Each Receipt this Period 1000.00 |
| Name of Employer St. Vincent's Birmingham Receipt For: Primary General Other (specify) ▼ | Occupation President Aggregate Year-to-Date ▼ 1000.00 | 1 |

| SUBTOTAL of Receipts This Page (optional) | | 1 | , | | 2 | 1 | ŋ | 30 | 000.0 |)0 |] |
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| TTEMIZED RECEIPTS | | for each category of the Detailed Summary Page | × | - | 111 | F | 11c | 12 | <u> </u> |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Ms. A Elizabeth Anderson Mailing Address 2451 Fillingim Street City Mobile FEC ID number of contributing federal political committee. Name of Employer | Zip Code 36617-2238 | | 12 Trans | saction | 23 ID : | 2289099 teceipt th | 2015 1 | | |
| University of South Alabama Medical Ce Receipt For: Primary General Other (specify) | Administrat Aggregate | or Year-to-Date ▼ 1000.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. David S Spillers Mailing Address 101 Sivley Road SW City Huntsville | State | Zip Code 35801-4421 | | 12 Trans | | 23 ID : | 2289099 | | Y |
| FEC ID number of contributing federal political committee. Name of Employer Huntsville Hospital | Occupation Chief Execu | | Amount of Each Receipt this Period 1000. | | | | | _ | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | |
| C. Mr. Donald E. Williamson Mailing Address 8113 Lichfield Ct | | | | Date o | f Receip | pt 23 |) / Y | ү 2015 | Ŷ |
| City Montgomery | State AL | Zip Code 36117-5124 | | | | | 2289099 leceipt th | - | |
| FEC ID number of contributing federal political committee. | | | | | | | | 100 | 0.00 |
| Name of Employer Alabama Hospital Association Receipt For: Primary General Other (specify) | Occupation President a Aggregate | | | | | | | | |
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FEC Schedule A (Form 3X) Rev. 02/2003

| SCHEDULE A | (FEC Form 3X) |
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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | × | 11a 13 | 11b | 11c | 12 | 17 |
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| Any information copied from such Reports a or for commercial purposes, other than usin | | | | or the | purpose c | of soliciting | g contribu | itions |
| NAME OF COMMITTEE (In Full) American Hospital Associati | - | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Ms. Rosemary Blackmon Mailing Address 547 Le Grand Place | | | | M M | Receipt | | Y Y | Y |
| City Montgomery | State AL | Zip Code 36106-1825 | | | | 3 : 2289099 Receipt th | - | |
| FEC ID number of contributing federal political committee. | С | | | | | | 1000 | _ |
| Name of Employer Alabama Hospital Association Receipt For: | | President of Public Relatio /ear-to-Date ▼ 1000.00 |] | | | | | |
| B. Full Name (Last, First, Middle Initial) Ms. Danne J. Howard Mailing Address 1225 Chadwick Lane | | | | M M | Receipt | | YY | Y |
| City | State | Zip Code | | | | : 2289099 | | |
| Montgomery FEC ID number of contributing federal political committee. | C | 36117-8962 | A | mount | of Each | Receipt th | iis Period 500 | _ |
| Name of Employer Alabama Hospital Association | Occupation Senior Vice I | President Government Relat | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate ` | fear-to-Date ▼ 500.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) C. Ms. Margaret Whatley | I | | D | ate of | Receipt | | | |
| Mailing Address 8223 Greyfield Dr | | | | ^M ^M 12 | / D | | ү ү 2015 | Y |
| City Montgomery | State AL | Zip Code 36117-6913 | A | | | : 2289099 Receipt th | - | |
| FEC ID number of contributing federal political committee. | С | | | | - y - 1 | 7 | 500 | 0.00 |
| Name of Employer | Occupation | | | | | | | |
| Alabama Hospital Association Receipt For: Primary General Other (specify) | I | vernment Relations /ear-to-Date ▼ 500.00 |] | | | | | |
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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X | - | 11b | 11c | 12 | |
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| NAME OF COMMITTEE (In Full) American Hospital Associat | - | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Ms. Jane Knight Mailing Address 1612 Salisbury Place City | State | Zip Code | | м м 12 | 2 | 23 D : 228909 | 2015 97 | Y |
| Montgomery FEC ID number of contributing federal political committee. Name of Employer | AL C Occupation | 36117-2562 | | Amount | t of Each | Receipt th | | I D.00 |
| Alabama Hospital Association Receipt For: Primary General Other (specify) | Vice Preside | ent, Member Relations Year-to-Date ▼ 500.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Jeffrey M Brannon Mailing Address P O Box 886 | | | | Date of | | 23 / Y | 2015 | Y |
| City Monroeville FEC ID number of contributing federal political committee. | State AL | Zip Code 36461-0886 | | | |) : 2289099 | | _ |
| Name of Employer Monroe County Hospital Receipt For: Primary General Other (specify) ▼ | Occupation Chief Execu Aggregate | tive Officer Year-to-Date ▼ 500.00 |] | | | | | |
| C. Full Name (Last, First, Middle Initial) Mr. Arthur D Evans Mailing Address P O Box 890 | State | Zip Code | | м м 12 | | 23 / Y | 2015 | Y |
| Demopolis FEC ID number of contributing federal political committee. Name of Employer Bryan W. Whitfield Memorial Hospital Receipt For: Primary General Other (specify) ▼ | AL Occupation Chief Execu | 2ip Code 36732-0890 tive Officer and Administra Year-to-Date ▼ 500.00 | | | | D : 228909: | his Period | I D.00 |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | |
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| | | 13 14 15 16 17 any person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association F | | |
| Full Name (Last, First, Middle Initial) Mr. Tom Shufflebarger Mailing Address 1600 Seventh Avenue South City Birmingham FEC ID number of contributing federal political committee. Name of Employer Children's of Alabama Receipt For: Primary General Other (specify) | State Zip Code AL 35233-1711 C Occupation Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 500.00 | Date of Receipt Date of Receipt 12 23 2015 Transaction ID : 22891000 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) B. Ms. Christine R Stewart FACHE Mailing Address P O Box 1089 | | Date of Receipt |
| City Russellville FEC ID number of contributing federal political committee. | State Zip Code AL 35653-1089 | 12 23 2015 Transaction ID : 22891001 Amount of Each Receipt this Period 500.00 |
| Name of Employer Russellville Hospital Receipt For: Primary General Other (specify) ▼ | Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00 | D |
| C. Full Name (Last, First, Middle Initial) Mr. Wm. Michael Warren Jr. Mailing Address 1600 Seventh Avenue South | | Date of Receipt |
| City Birmingham FEC ID number of contributing federal political committee. Name of Employer Children's of Alabama Receipt For: Primary General Other (specify) ▼ | State Zip Code AL 35233-1711 C Occupation Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00 | 12 23 2015 Transaction ID : 22891003 Amount of Each Receipt this Period 500.00 |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 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) Mr. J Peter Selman FACHE Mailing Address Box 11010 City Montgomery FEC ID number of contributing federal political committee. Name of Employer Baptist Medical Center South Receipt For: Primary General | | Zip Code 36111-0010 utive Officer Year-to-Date ▼ | Date of Receipt 12 23 2015 Transaction ID : 22891004 Amount of Each Receipt this Period 500.00 |
| Other (specify) | | 500.00 | |
| Full Name (Last, First, Middle Initial) B. Ms. Teresa G Grimes Mailing Address 1330 Highway 231 South City Troy FEC ID number of contributing federal political committee. Name of Employer Troy Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | State AL Occupation Chief Execu Aggregate | | Date of Receipt 12 23 2015 Transaction ID : 22891005 Amount of Each Receipt this Period 500.00 500.00 |
| Full Name (Last, First, Middle Initial) C. Mr. Bryan N Kindred FACHE Mailing Address 809 University Boulevard East City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer DCH Health System Receipt For: Primary General Other (specify) ▼ | State AL Occupation President a | Zip Code 35401-2029 Ind Chief Executive Officer Year-to-Date ▼ 500.00 | Date of Receipt 12 23 2015 Transaction ID : 22891006 Amount of Each Receipt this Period 500.00 500.00 |
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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associat | ion PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Lother E Peace III Mailing Address P O Box 939 City Alexander City FEC ID number of contributing federal political committee. Name of Employer Russell Medical Center Receipt For: Primary General Other (specify) ▼ | | Zip Code 35011-0939 Ind Chief Executive Officer Year-to-Date ▼ 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Mr. Ronald S Owen FACHE Mailing Address P O Box 6987 City Dothan FEC ID number of contributing federal political committee. Name of Employer Southeast Alabama Medical Center Receipt For: Primary General | | Zip Code 36302-6987 utive Officer Year-to-Date ▼ | Date of Receipt |
| C. Full Name (Last, First, Middle Initial) Mailing Address P O Box 6987 City Dothan FEC ID number of contributing federal political committee. Name of Employer Southeast Alabama Medical Center Receipt For: Primary General Other (specify) ▼ | | 500.00 Zip Code 36302-6987 President and Chief Operat Year-to-Date ▼ 500.00 | Date of Receipt 12 23 2015 Transaction ID : 22891010 Amount of Each Receipt this Period 500.00 |
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| | | | erson for the purpose of soliciting contribution to solicit contributions from such committee. |
| American Hospital Association | on PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Brian Keith Pennington | | | Date of Receipt |
| Mailing Address 995 Ninth Avenue SW | | | 12 23 2015 |
| City Bessemer | State AL | Zip Code 35022-4527 | Transaction ID : 22891011 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer Medical West | Occupation President a | nd Chief Executive Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) 3. Mr. Sammy Watson | | | Date of Receipt |
| Mailing Address 809 University Boulevard | East | | 12 23 2015 |
| City Tuscaloosa | State AL | Zip Code 35401-2029 | Transaction ID : 22891012 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer DCH Health System | Occupation Director Cor | mmunity Relations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| Mailing Address 113 Sockeye Ct | | | 12 23 2015 |
| City Dothan | State AL | Zip Code 36301-8445 | Transaction ID : 22891013 Amount of Each Receipt this Period |
| FEC ID number of contributing | С | | 350.00 |

Occupation

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

Vice President Medical Affairs

350.00

Aggregate Year-to-Date V

Name of Employer

Primary

Receipt For:

Southeast Alabama Medical Center

Other (specify)

General

1350.00

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| | age# 20100121300+030300 | | | | | | | | | | | |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | | | R LINE eck on | ly one | | | PAGE |)F | 185 | |
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| | American Hospital Association | PAC | | | | | | | | | | |
| Α. | · · · · · | | | | Date o | f Rec | eipt | | | | | |
| | Mailing Address P O Box 428 | | | | ^M 12 | / | 23 | | Y | ү ү 2015 | Y | |
| | City | State | Zip Code | | Trans | sactio | n ID | : 2289 | 91014 | | | |
| | Jackson | AL | 36545-0428 | | Amoun | t of E | ach I | Recei | pt this | s Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | , | | | , | 350 | 0.00 | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Jackson Medical Center | Chief Exect | utive Officer | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| | Other (specify) | | 350.00 |] | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mr. Glenn C Sisk | | | | Date o | f Rec | eipt | | | | | |
| | Mailing Address 315 West Hickory Street | | | | ^M 12 | / | 23 | | Y | y y 2015 | Y | |
| | City | State | Zip Code | | Trans | sactio | n ID : | 2289 | 91015 | | | |
| | Sylacauga | AL | 35150-2913 | | Amoun | t of E | ach I | Recei | pt this | s Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | , | | | 7 | 350 | .00 | |
| | Name of Employer | Occupation |] | | | | | | | | | |
| | Coosa Valley Medical Center | President | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 350.00 | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Ms. Penny Westmoreland | | | | Date o | f Rec | eipt | | | | | |
| | Mailing Address P O Box 780 | | | | ^M 12 | / | 23 | | Y | y y 2015 | Y | |
| | City | State | Zip Code | | Trans | sactio | on ID | : 2289 | 91016 | 6 | | |
| | Haleyville | AL | 35565-0780 | | Amoun | t of E | ach I | Recei | pt this | s Period | | |
| FEC ID number of contributing federal political committee. | | | | | | . , | | | , | 350 | 0.00 | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Lakeland Community Hospital | Chief Finar | ncial Officer | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 350.00 |] | | | | | | | | |
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| TTEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | 11a | | 11b | 11c | 12 | 17 | | | | |
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| Any information copied from such Reports or for commercial purposes, other than usin | | | | for the | | pose o | f solicitin | g contrib | utions | | | | |
| NAME OF COMMITTEE (In Full) American Hospital Associat | - | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Ralph H Clark Jr. FACHE Mailing Address 820 West Washington S | itreet | | | Date o | | D | | 2015 | Ý | | | | |
| City Eufaula | State AL | Zip Code 36027-1822 | 12 23 2015 Transaction ID : 22891017 Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 0.00 | | | | |
| Name of Employer Medical Center Barbour | Occupation Chief Exect | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 350.00 |] | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Jacques Jarry | | | | Date o | of Re | eceipt | | | | | | | |
| Mailing Address 102 West Conecuh Avenue City State Zip Code | | | | | | 23 | | 2015 | Y | | | | |
| City Union Springs | | Transaction ID : 22891018 Amount of Each Receipt this Period | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | AL | 36089-1303 | | Amoun | | 1 | , 1000 | | 0.00 | | | | |
| Name of Employer Bullock County Hospital | Occupation Administrate | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 |] | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr Jim Marshall | | | | Date o | of Re | eceipt | | | | | | | |
| Mailing Address P.O. Box 487 | | | | ^M 12 | / | D 23 | | 2015 | Y | | | | |
| City Carrollton | State AL | Zip Code 35447-0487 | | | | | : 228910 Receipt tl | | d | | | | |
| FEC ID number of contributing federal political committee. | | | | 7 | | 35 | 0.00 | | | | | | |
| Name of Employer | Name of Employer Occupation | | | | | | | | | | | | |
| Pickens County Medical Center | Chief Exect | utive Officer | _ | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 350.00 | 1 | | | | | | | | | | |
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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| | ny information copied from such Reports and for commercial purposes, other than using th | | | | n for the | purpose o | f soliciting | | ntributi | ons | - |
| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | _ |
| | American Hospital Association | PAC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Kenneth S Lewis MD, JD | | | | Date o | f Receipt | | | | | |
| | Mailing Address 106 Bow Street | | | | M M | / D 08 | | | 015 | Y | |
| | City | State | Zip Code | | Trans | saction ID | : 2294692 | 27 | | | |
| | Elkton | MD | 21921-5544 | _ | Amoun | t of Each | Receipt th | his P | 'eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 0. | 00 | |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Union Hospital | President a | nd Chief Executive Officer | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | [MEMO | ITEM] | | | | | |
| | Primary General | | | ı. | | s) on Sche | | | | .00 Tł | nis |
| | Other (specify) | L | 350.00 | | changes | the YTD T | otal to \$3 | 350.0 | 0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | | . . | | | | | | |
| в. | Mr. Nick DeJong | | | _ | Date o | f Receipt | | | | | |
| | Mailing Address 946 Amsterdam Ave NE | | | | 12 | / D | 7 | |)15 | Y | |
| | Atlanta | GA | 30306-3406 | H | | action ID | | | Poriod | | |
| | FEC ID number of contributing federal political committee. | С | | | Amoun | t of Each | | | 0.0 | 00 | 1 |
| | Name of Employer Blue Cross and Blue Shield of GA, Inc. | Occupation | | | | | | | | | |
| | Receipt For: | <u> </u> | Veer te Dete 💌 | - | | | | | | | |
| | Primary General | Aggregale | Year-to-Date ▼ | d. | [MEMO Refund(| ITEM] s) on Scheo | dule B To | taling | a \$750 | 00 Th | nis |
| | Other (specify) v | L | 0.00 | | | the YTD T | | | , . | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton | 1 | | | Date o | f Receipt | | | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | | | | M M | / D 31 | | |) 15 | Y | |
| | City | State | Zip Code | | Trans | saction ID | : PR1045 | 57262 | 237434 | 1 | |
| | Washington | DC | 20001-5188 | _ | Amoun | t of Each | Receipt th | his P | 'eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | _ | 76. | 72 | |
| | Name of Employer | Occupation | 1 | - | | | | | | | |
| | American Hospital Association-Washingt | Senior Vice | President & General Counse | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | \neg | | | | | | | |
| | Primary General | 33. 394.0 | | | P/R Dec | duction (\$38 | 3.25 Bi-W | /eekl | y) | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | | | |
| s | SUBTOTAL of Receipts This Page (optional) | | | • | | | | | 76.7 | 72 | 1 |

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FEC Schedule A (Form 3X) Rev. 02/2003

| SCHEDULE A (FEC Form 3X) | |
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| | | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association I | PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Ms. Sarah B. Macchiarola Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 City Washington FEC ID number of contributing federal political committee. | State DC | Zip Code 20001-5188 | Date of Receipt M m / D D / Y Y Y Y Y 12 31 2015 Transaction ID : PR1082532737434 Amount of Each Receipt this Period 26.72 |
| | Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ | | ociate Director Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
| В. | Full Name (Last, First, Middle Initial) Ms. Barbara Jellen Mailing Address 206 N Royal St | | | Date of Receipt |
| | City | State | Zip Code | Transaction ID : PR1113464237434 |
| | Alexandria | VA | 22314-2627 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 26.72 |
| | Name of Employer American Hospital Association-Washingt Receipt For: | | ector, Constituency Section | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
| с. | | | | Date of Receipt |
| | Mailing Address One North Franklin | | | мем / D D / Y Y Y Y Y 12 31 2015 |
| | City | State | Zip Code | Transaction ID : PR1118928237434 |
| Chicago FEC ID number of contributing federal political committee. | | C | 60606-3436 | Amount of Each Receipt this Period |
| | Name of Employer | Occupation | | - |
| | American Hospital Association-Chicago | Sr. Vice Pre | esident, Chief Human Resour | |
| | Receipt For: Primary General Other (specify) v | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
| s | UBTOTAL of Receipts This Page (optional) | | • | 80.16 |

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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Dale A Kirby | | | Date of Receipt | | | | |
| | Mailing Address P O Box 331 | | | 12 31 _ 2015 _ | | | | |
| | City | State CA | Zip Code | Transaction ID : PR1125892337434 | | | | |
| | Colusa | _ | 95932-0331 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 76.72 | | | | |
| | Name of Employer | Occupation | | | | | | |
| | American Hospital Association-Chicago Receipt For: | Regional Ex | | _ | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | P/R Deduction (\$38.25 Bi-Weekly) | | | | |
| | Other (specify) | | 1000.00 | The Deddelon (\$60.25 Dr Weekly) | | | | |
| в. | Full Name (Last, First, Middle Initial) Ms. Mary Meadows | | | Date of Receipt | | | | |
| | Mailing Address 155 North Wacker Drive | | | M = M / D = D / Y = Y = Y | | | | |
| | City | State | Zip Code | 12 31 2015 | | | | |
| | Chicago | IL | 60606-1787 | Transaction ID : PR1260472937434 Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | 26.72 | | | | |
| | Name of Employer | Occupation | 1 | _ | | | | |
| | American Hospital Association-Chicago | Director of F | Professional Practice, AON | _ | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) | | | | |
| с. | Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay | | | Date of Receipt | | | | |
| | Mailing Address One North Franklin | | | M M / D D / Y Y Y Y Y 12 31 2015 | | | | |
| | City Chicago | State IL | Zip Code 60606-3436 | Transaction ID : PR1347703637434 | | | | |
| | FEC ID number of contributing | _ | | Amount of Each Receipt this Period | | | | |
| | federal political committee. | C | | 38.24 | | | | |
| | Name of Employer | Occupation | | | | | | |
| | American Hospital Association-Chicago Receipt For: | Vice Presid | | _ | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | P/R Deduction (\$19.00 Bi-Weekly) | | | | |
| | Other (specify) | | 500.00 | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| NAME OF COMMITTEE (In Full) American Hospital Association P | PAC | |
| Full Name (Last, First, Middle Initial) Ms. Susan Gergely MBA Mailing Address 155 North Wacker Drive City Chicago FEC ID number of contributing federal political committee. Name of Employer AONE Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60606-1787 C Occupation Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 350.00 | Date of Receipt 12 31 2015 Transaction ID : PR1347791037434 Amount of Each Receipt this Period 26.72 P/R Deduction (\$13.25 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) B. Ms. Heather Drevna Mailing Address 3205 Ravensworth PL | | Date of Receipt |
| City Alexandria FEC ID number of contributing federal political committee. Name of Employer | State Zip Code VA 22302-2107 C | Transaction ID : PR1348169737434 Amount of Each Receipt this Period 26.72 |
| American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ | Vice President, Advocacy and Member Co Aggregate Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) C. Sharon Allen | | Date of Receipt |
| Mailing Address 155 N. Wacker City Chicago FEC ID number of contributing federal political committee. Name of Employer | State Zip Code IL 60606-1787 C Occupation | Amount of Each Receipt this Period |
| American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ | Senior Executive Director, Business Se Aggregate Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | 11a | | 11b 14 | | 11c | 12 | | 17 | |
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| | NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Mark Colucci Mailing Address 1061 N Penny Ln | | | | M | | | D | / Y | 2015 | | Y | |
| | City | State | Zip Code | _ | 12 Tran | sact | | 31 D : F | PR14751 | 2015 133737 | | | |
| | Palatine | IL | 60067-1821 | / | Amour | nt of | Each | ו Re | eceipt th | is Peri | od | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | _ | - 7 | | 38.2 | 24 | |
| | Name of Employer | Occupation | | | - | | | | | | | | |
| | American Hospital Association-Chicago | National Di | ector Sponsorship and Unde | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | P/R Deduction (\$19.00 Bi-Weekly) | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Ms. Fannie D. Wade | | | | Date o | of Re | eceipt | t | | | | | |
| | Mailing Address 7706 Heartwood Lane | | | | | 12 31 2015 | | | | | | | |
| | City Upper Marlboro | State MD | Zip Code 20772-4323 | Transaction ID : PR1476385737434 Amount of Each Receipt this Period 26.72 | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | | 2 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | American Hospital Association-Washingt | Executive A | dministrator | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Ms. Monica D Day | | | | Date o | of Re | eceipt | t | | | | | |
| | Mailing Address 4301 Telfair Blvd B219 | | | | | 1 / | 3 | 31 | / Y | 2015 | | | |
| | City Suitland | State MD | Zip Code | | | | | | PR1516 | | | | |
| | FEC ID number of contributing federal political committee. | Amount of Each Receipt this Period | | | | | | | | | od 26.7 | 72 | |
| | Name of Employer | | | | | | | | | | | | |
| | American Hospital Association-Washingt | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | P/R Deduction (\$13.25 Bi-Weekly) | | | | | | | | | |
| | Other (specify) | | 350.00 | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | |
| Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga Mailing Address One North Franklin City | State Zip Code | Date of Receipt |
| Chicago | IL 60606-3436 | Transaction ID : PR1555656237434 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) | Occupation Associate Director, Constituency Secti Aggregate Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) B. Ms. Kathy Poole Mailing Address One North Franklin | | Date of Receipt |
| City | State Zip Code | Transaction ID : PR1589439937434 |
| Chicago FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ | Occupation Director, Governance Projects Aggregate Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) C. Ms. Kimberly Baker | | Date of Receipt |
| Mailing Address One North Franklin | | 12 31 2015 |
| City Chicago | State Zip Code IL 60606-3436 | Transaction ID : PR1590809137434 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 26.72 |
| Name of Employer American Hospital Association-Chicago Receipt For: | Occupation Director Travel Meeting Services Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
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| SCHEDULE A | (FEC Form 3X) |
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| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Michael Hrickiewicz Mailing Address One North Franklin | | | Date of Receipt |
| City | State | Zip Code | Transaction ID : PR1625366837434 |
| Chicago | IL | 60606-3436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 36.69 |
| Name of Employer | Occupation | | — |
| American Hospital Association-Chicago | Editor Health | Facilities Management | |
| Receipt For: Primary General Other (specify) | Aggregate Y | ′ear-to-Date ▼ 350.00 | P/R Deduction (\$18.26 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) B. Mr. Bob Kehoe | | | Date of Receipt |
| Mailing Address 155 North Wacker Drive, S | | | 12 31 2015 |
| City | State IL | Zip Code | Transaction ID : PR1625368337434 |
| Chicago FEC ID number of contributing federal political committee. | С | 60606-1719 | Amount of Each Receipt this Period |
| Name of Employer American Hospital Association-Chicago | Occupation Executive Ed | itor | |
| Receipt For: Primary General Other (specify) | Aggregate Y | ′ear-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) C. Mr. Bill Ladewski | · | | Date of Receipt |
| Mailing Address One North Franklin | | | 12 31 Y Y Y Y Y 12 31 2015 |
| City Chicago | State IL | Zip Code 60606-3436 | Transaction ID : PR1625369137434 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 26.72 |
| Name of Employer | Occupation | | |
| American Hospital Association-Chicago | Membership | Associate, Center for Healt | |
| Receipt For: Primary General Other (specify) | Aggregate Y | ′ear-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) |
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| SCHEDULE A | (FEC Form 3X) |
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| NAME OF COMMITTEE (In Full) American Hospital Association | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Ms. Joan M. M Ryzner Mailing Address One North Franklin City Chicago FEC ID number of contributing federal political committee. Name of Employer | State IL Occupation | Zip Code 60606-3436 | | | sact | tion I | 31 D:F | | 2015 5878374 his Peric 2 | 434 | 2 | |
| American Hospital Association-Chicago Receipt For: Primary General Other (specify) | | Program Manager, HRET Year-to-Date ▼ 350.00 | P | /R Dec | ducti | ion (\$ | 13.2 | 25 Bi-We | eekly) | | | |
| Full Name (Last, First, Middle Initial) B. Ms. Monique Showalter Mailing Address One North Franklin | | | | Date c | | · | t 31 | / Y | 2015 | Y | 1 | |
| City Chicago | State IL | Zip Code 60606-3436 | | Transaction ID : PR1625602237434 Amount of Each Receipt this Period | | | | | | | | |
| FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago | Occupation | | | Amour | | J | 1 Re | eceipt tr | | 26.72 | 2 | |
| Receipt For: Primary General Other (specify) ▼ | | rketing AHA Solutions, Inc Year-to-Date ▼ 350.00 | Р, | /R Dec | ducti | ion (\$ | 13.2 | 25 Bi-We | ekly) | | | |
| Full Name (Last, First, Middle Initial) C. Mr. Stephen Hines | | | | Date c | of Be | eceint | ł | | | | | |
| Mailing Address 155 North Wacker Drive | | | | 12 ^M | | · D | 31 | / Y | 2015 | Y | | |
| City Chicago | State IL | Zip Code 60606-1709 | | | | | | | 7266374 nis Peric | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 1 | | , | | 26.7 | 2 | |
| Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ | Occupation VP, Resear Aggregate | ch HRET Year-to-Date ▼ 350.00 |] P | /R De | duct | ion (\$ | 513.2 | 25 Bi-W | eekly) | | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | | 7 | | 7 | 8 | 30.16 | 5 | |

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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association I | PAC | | | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Erik Rasmussen | | | | Date of Receipt | | | |
| | Mailing Address 800 10th Street, NW | | | | | | |
| | Two CityCenter, Suite 400 City | State | Zip Code | 12 312015 Transaction ID : PR1819487937434 | | | |
| | Washington | DC | 20001-5188 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 76.72 | | | |
| | Name of Employer | Occupation | | _ | | | |
| | American Hospital Association-Washingt | Senior Asso | ociate Director | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | |
| в. | Full Name (Last, First, Middle Initial) Ms. Aimee Kuhlman | | | Date of Receipt | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | | | 12 31 _2015 _ | | | |
| | City | State | Zip Code | Transaction ID : PR1877582337434 | | | |
| | Washington | DC | 20001-5188 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 26.72 | | | |
| | Name of Employer American Hospital Association-Washingt | Occupation Senior Asso | ociate Director Fed. Relatio | _ | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Ms. Shari Dexter | | | Date of Receipt | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | | | M M / D D / Y Y Y Y Y 12 31 2015 | | | |
| | City | State | Zip Code | Transaction ID : PR1878189837434 | | | |
| | Washington | DC | 20001-5188 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 38.24 | | | |
| | Name of Employer | Occupation | | | | | |
| | American Hospital Association-Washingt | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | P/R Deduction (\$19.24 Bi-Weekly) | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ••••• | 141.68 | | | |

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

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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | _ | | 11b | 11c | | | |
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| | ny information copied from such Reports and | | | | | | | | g conti | | |
| or | for commercial purposes, other than using the | ne name and a | ddress of any political committee | e to so | olicit co | ontri | butions | from suc | h com | mitte | e. |
| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | | | | |
| Α. | • | | | | Date o | of R | eceipt | | | | |
| | Mailing Address 155 N. Wacker Dr. | | | | | M M / D D / Y Y Y Y Y 12 31 2015 | | | | | |
| | CityStateZip CodeChicagoIL60606-1787 | | | | Transaction ID : PR1913189337434 | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | Amount of Each Receipt this Period | | | 72 | | | |
| | Name of Employer | Occupation | I | | | | | | | | |
| | American Hospital Association-Chicago | Dir Educatio | onal Programs | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | F | P/R Dec | duct | ion (\$13 | 8.25 Bi-We | eekly) | | |
| в. | Full Name (Last, First, Middle Initial) Ms. Joanna Kim | | | | Date o | of R | eceipt | | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | 2 | | | 12 | | 31 | | 201 | у 5 | Y |
| | City | State DC | Zip Code 20001-5188 | - | | | | <u>PR1913</u> | | | |
| | Washington | DC | 20001-3166 | _ | Amoun | nt of | Each I | Receipt th | iis Per | '10d | |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | 9 | | 26.7 | 72 |
| | Name of Employer | Occupation | | | | | | | | | |
| | American Hospital Association-Washingt | Senior Asso | ociate Director, Policy | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | F | P/R Ded | luct | ion (\$13 | 8.25 Bi-We | ∍ekly) | | |
| с. | Full Name (Last, First, Middle Initial) Ms. Evelyn Knolle | - | | | Date o | of R | eceipt | | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | | | | ^M 12 | | 31 | | 201 | ү 5 | Y |
| | City Washington | State DC | Zip Code 20001-5188 | _ | Transaction ID : PR1913190737434 Amount of Each Receipt this Period 38.24 | | | | 4 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 24 | | |
| | Name of Employer | Occupation | | _ | | | | | | | |
| | American Hospital Association-Washingt | Senior Asso | ociate Director, Policy -TR | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | F | P/R Dec | duc | tion (\$19 | 9.00 Bi-W | eekly) | | |
| s | UBTOTAL of Receipts This Page (optional) | I | | | | | 7 | 7 | | 91.6 | 68 |

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

FEC Schedule A (Form 3X) Rev. 02/2003

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | |
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| | ny information copied from such Reports and S for commercial purposes, other than using the | | | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | | | |
| Α. | · · · · · · · · · · · · · · · · · · · | Date of Receipt | | | | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | 12 31 _ 2015 _ | | | | | | |
| | City | State | Zip Code | Transaction ID : PR1913192537434 | | | | |
| | Washington | DC | 20001-5188 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | 26.00 | | | | |
| | Name of Employer | Occupation | | | | | | |
| | American Hospital Association-Washingt Receipt For: | | nployee Relations | _ | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$12.50 Bi-Weekly) | | | | |
| в. | Full Name (Last, First, Middle Initial) 3. Ms. Jennifer Schleman | | | Date of Receipt | | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | 12 31 2015 | | | | | | |
| | City Washington | State DC | Zip Code 20001-5188 | Transaction ID : PR1913194037434 Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | 38.24 | | | | |
| | Name of Employer American Hospital Association-Washingt | Occupation Senior Asso | ociate Director, Media Relat | _ | | | | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | | | |
| | Other (specify) ▼ | | 500.00 P/R Deduction (\$19.00 Bi-We | | | | | |
| с. | Full Name (Last, First, Middle Initial) Ms. Chantal Worzala | | | Date of Receipt | | | | |
| | Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | 01.14 | The Oaste | 12 / D D / Y Y Y Y Y 12 31 2015 | | | | |
| | City Washington | State DC | Zip Code 20001-5188 | Transaction ID : PR1913196437434 Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | 36.69 | | | | |
| | Name of Employer | Occupation | 1 | - | | | | |
| | American Hospital Association-Washingt | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| | Other (specify) | | 350.00 | P/R Deduction (\$18.26 Bi-Weekly) | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.93 | | | | |

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

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | | rson for the purpose of soliciting contributions | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | |
| Full Name (Last, First, Middle Initial) A. Ms. Kathleen Cain Mailing Address 155 North Wacker Drive | | Date of Receipt | | | |
| City | State Zip Code | 12 31 2015 Transaction ID : PR1936378437434 | | | |
| Chicago | IL 60606-1709 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | С | 20.00 | | | |
| Name of Employer | Occupation | | | | |
| American Hospital Association-Chicago | Senior Staff Specialist | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 260.00 | P/R Deduction (\$10.00 Bi-Weekly) | | | |
| Full Name (Last, First, Middle Initial) B. Ms. Janet Henderson | | Date of Receipt | | | |
| Mailing Address 155 North Wacker Drive | | 12 31 2015 | | | |
| City | State Zip Code | Transaction ID : PR1937843137434 | | | |
| Chicago | IL 60606-1709 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | С | 97.24 | | | |
| Name of Employer American Hospital Association-Chicago | Occupation | _ | | | |
| Receipt For: | | | | | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | P/R Deduction (\$48.60 Bi-Weekly) | | | |
| Full Name (Last, First, Middle Initial) C. Ms. Diane Jones | | Date of Receipt | | | |
| Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | | M M / D D / Y Y Y Y 12 31 2015 | | | |
| City | State Zip Code | Transaction ID : PR1943461537434 | | | |
| Washington | DC 20001-5188 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 38.24 | | | |
| Name of Employer | me of Employer Occupation | | | | |
| American Hospital Association-Washingt | Sr Assoc Dir Policy | _ | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | P/R Deduction (\$19.00 Bi-Weekly) | | | |
| SUBTOTAL of Receipts This Page (optional) | ▶ | 155.48 | | | |

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| SCHEDULE A | (FEC Form | 3X) |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association | PAC | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ms. Stacey Chappell Mailing Address 155 North Wacker Drive | | | Date of Receipt | | |
| | City | State | Zip Code | Transaction ID : PR1963876237434 | | |
| | Chicago FEC ID number of contributing federal political committee. | C | 60606-1787 | Amount of Each Receipt this Period | | |
| | Name of Employer AONE Receipt For: Primary General Other (specify) | | munications Specialist, Advo Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) | | |
| в. | Full Name (Last, First, Middle Initial) Ms. Dawn M Rose JD, PHR Mailing Address 2235 W Superior St | | | Date of Receipt | | |
| | 5113 | 12 31 2015 | | | | |
| | City Chicago | State IL | Zip Code 60612-1327 | Transaction ID : PR1973958737434 | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | |
| | Name of Employer American Hospital Association-Chicago | Occupation Executive D | irector, ASHHRA | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 240.00 | P/R Deduction (\$12.48 Bi-Weekly) | | |
| С. | Full Name (Last, First, Middle Initial) Ms Kristina Weger | | | Date of Receipt | | |
| | Mailing Address 800 10th Street NW Two CityCenter, Suite 400 | | | 12 31 2015 | | |
| | City Washington | State DC | Zip Code 20001-5188 | Transaction ID : PR2058887037434 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 45.40 | | |
| | Name of Employer | Occupation | | - | | |
| | American Hospital Association-Washingt Receipt For: Primary General Other (specify) | | ociate Director Year-to-Date ▼ 500.00 | P/R Deduction (\$22.67 Bi-Weekly) | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ • | 97.24 | | |

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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | | | | | | |
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| Any information copied from such Reports and St or for commercial purposes, other than using the | | | | | | | | | | | | |
| American Hospital Association F | PAC | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Mr Travis E Robey | | | Date of Receipt | | | | | | | | | |
| Mailing Address 800 10th Street NW Two CityCenter, Suite 400 City | State | Zip Code | 12 31 2015 Transaction ID : PR2060308237434 | | | | | | | | | |
| Washington | DC | 20001-5188 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 45.40 | | | | | | | | | |
| Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ | | n ir Fed Relations Year-to-Date ▼ 500.00 | P/R Deduction (\$22.67 Bi-Weekly) | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr Damareus Barbour | | | Date of Receipt | | | | | | | | | |
| Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | | | | | | | | | | | | |
| City Washington | State DC | Zip Code 20001-5188 | Transaction ID : PR2060632937434 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | 36.69 | | | | | | | | | | |
| Name of Employer AONE | Occupation Workforce (| n Center Specialist | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$18.26 Bi-Weekly) | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr. Michael P. McCue | | | Date of Receipt | | | | | | | | | |
| Mailing Address 122 N. Greenwood Avenue | | | 12 31 2015 | | | | | | | | | |
| City Park Ridge | State IL | Zip Code 60068-3227 | Transaction ID : PR327771637434 | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | 00000-3227 | Amount of Each Receipt this Period 76.72 | | | | | | | | | |
| Name of Employer | Occupation | 1 | | | | | | | | | | |
| American Hospital Association-Chicago | Associate [| | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 158.81 | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | | | | | |
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| | ny information copied from such Reports and St for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik | | | Date of Receipt | | | | | | | | |
| | Mailing Address One North Franklin | | | 12 31 2015 | | | | | | | | |
| | City Chicago | State IL | Zip Code 60606-3436 | Transaction ID : PR327777237434 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 38.24 | | | | | | | | |
| | Name of Employer | Occupation | | _ | | | | | | | | |
| | American Hospital Association-Chicago Receipt For: | | ng-Term Care Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) | P/R Deduction (\$19.00 Bi-Weekly) | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Ms. Debra J. Stock | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1022 S. Harvey Avenue | 12 31 _2015 _ | | | | | | | | | | |
| | City | Transaction ID : PR327777837434 | | | | | | | | | | |
| | Oak Park FEC ID number of contributing federal political committee. | C | 60304-2132 | Amount of Each Receipt this Period 76.72 | | | | | | | | |
| | Name of Employer American Hospital Association-Chicago | Occupation Vice Preside | ent, Member Relations | - | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Mr. Neil Jesuele | | | Date of Receipt | | | | | | | | |
| | Mailing Address 155 N Wacker Dr | | | 12 31 2015 | | | | | | | | |
| | City Chicago | State IL | Zip Code 60606-1709 | Transaction ID : PR327801737434 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 38.24 | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | American Hospital Association-Chicago | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | P/R Deduction (\$19.00 Bi-Weekly) | | | | | | | | |
| 0 | UBTOTAL of Receipts This Page (optional) | | | 153.20 | | | | | | | | |
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| ITEINIZED RECEIPTS | | Detailed Summary Page | | 11a | | 11b | | 11c | 12 | | | | | | |
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| | | | | 13 | | 14 | | 15 | 16 | 17 | | | | | |
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements ma g the name and a | ay not be sold or used by any p ddress of any political committe | erson fo e to solid | r the p cit con | purp ntrib | oose utior | of s | oliciting om suc | g contribu h commit | itions tee. | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| American Hospital Association | on PAC | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Ms. Pamela Austin Thompson MS | S, RN, FA | | Da | ate of | Re | ceip | t | | | | | | | | |
| Mailing Address 800 10th Street, NW | | | | M – M | / | D | D | / Y | Y Y | Y | | | | | |
| Two CityCenter, Suite 40 | | | | 12 | | | 31 | | 2015 | | | | | | |
| City | State DC | Zip Code | | Transaction ID : PR327812037434 | | | | | | | | | | | |
| Washington | DC | 20001-5188 | Ar | mount | of | Eacl | h Re | ceipt th | nis Perioo | 1 | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | , | _ | 7 | 7 | 6.72 | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | | | |
| AONE | AHA Senio | Vice President, CEO America | | | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
| Primary General Other (specify) ▼ | | 1000.00 | P/F | R Dedu | uctic | on (\$ | 38.4 | 7 Bi-We | eekly) | | | | | | |
| Full Name (Last, First, Middle Initial) B. Ms. Joan H. Lewis | | | Da | ate of | Re | ceip | t | | | | | | | | |
| Mailing Address 6034 North 22nd Street | | | | | | 12 31 2015 | | | | | | | | | |
| City | State | Zip Code | - 1 | Transa | actio | on II | D : P | R3278 | 31737434 | Ļ | | | | | |
| Arlington | VA | 22205-3408 | Ar | Amount of Each Receipt this Period | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 9 | 38 | 8.24 | | | | | |
| Name of Employer American Hospital Association-Washingt | | | | | | | | | | | | | | | |
| Receipt For: | ~ | | | | | | | | | | | | | | |
| Primary General | Aggregate | Year-to-Date ▼ | P/R | ? Dedi | uctio | on (\$ | 19.0 | 0 Bi-We | ekly) | | | | | | |
| Other (specify) | _ L | 500.00 | | P/R Deduction (\$19.00 Bi-Weekly) | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Mr. Mark Seklecki | · | | D | Date of Receipt | | | | | | | | | | | |
| Mailing Address 800 10th Street, NW Two CityCenter, Suite 40 | 0 | | | 12 31 2015 | | | | | | Y | | | | | |
| City | State | Zip Code | | Trans | acti | ion I | D : F | R3278 | 5803743 | 4 | | | | | |
| Washington | DC | 20001-5188 | Ar | mount | of | Eacl | h Re | ceipt th | nis Perioo | ł | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | ŋ | 7 | 6.72 | | | | | |
| Name of Employer | | | | | | | | | | | | | | | |
| American Hospital Association-Washingt | nerican Hospital Association-Washingt Vice President, Political Affairs | | | | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | | | | | | |
| Primary General Other (specify) ▼ | | , 1000.00 | P/F | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | | | for each category of the Detailed Summary Page | | 11a 13 | | 11b | | 11c | 12 | 17 | | | | | | | |
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| or for | nformation copied from such Reports and S commercial purposes, other than using the | | | | or the | | pose | | oliciting | g contribu | utions | | | | | | | |
| | ME OF COMMITTEE (In Full) merican Hospital Association | PAC | | | | | | | | | | | | | | | | |
| | ll Name (Last, First, Middle Initial) Ir. John F. Barry | | | | Date of Receipt | | | | | | | | | | | | | |
| | iling Address One North Franklin | | | | M M | / | 3 | D 31 | / Y | у у 2015 | Y | | | | | | | |
| Cit | y illis | State MA | Zip Code 60606-3436 | | | | | | | 7783743 | | | | | | | | |
| FE | C ID number of contributing leral political committee. | С | | Amount of Each Receipt this Period 76.72 | | | | | | | | | | | | | | |
| Am | me of Employer nerican Hospital Association-Chicago eceipt For: Primary General Other (specify) ▼ | Occupation Regional Ex Aggregate | | | /R Dec | ductio | on (\$3 | 38.2 | 5 Bi-We | ekly) | | | | | | | | |
| | Full Name (Last, First, Middle Initial) . Mr. George F. Bergstrom | | | | | | Date of Receipt | | | | | | | | | | | |
| Ma | Mailing Address 130 North Garland Court #3002 | | | | | | 12 31 2015 | | | | | | | | | | | |
| Cit Ch | y nicago | State IL | Zip Code 60602-4750 | | | | | | | 95737434 nis Perioc | | | | | | | | |
| | C ID number of contributing leral political committee. | C | | | | | 76.72 | | | | | | | | | | | |
| | me of Employer nerican Hospital Association-Chicago | ent | | | | | | | | | | | | | | | | |
| Re | ceipt For: Primary General Other (specify) ▼ | For: mary General Aggregate Year-to-Date ▼ | | | | | | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | | | | | |
| | Il Name (Last, First, Middle Initial) Is. Eileen M. Collins Offner | | | | Date o | of Re | eceipt | | | | | | | | | | | |
| | iling Address 800 10th Street, NW Two CityCenter, Suite 400 | | | | 12 31 2015 | | | | | | | | | | | | | |
| Cit | y /ashington | State DC | Zip Code 20001-5188 | | | | | | | 0613743 nis Perioc | | | | | | | | |
| | C ID number of contributing leral political committee. | С | | | | | , | | 7 | 2 | 6.72 | | | | | | | |
| Na | me of Employer | Occupation | | _ | | | | | | | | | | | | | | |
| | nerican Hospital Association-Washingt | | | | | | | | | | | | | | | | | |
| Re | eceipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) | | | | | | | | | | | | | | |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) | PAGE 149 OF | | | | | |
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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 contributor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit | | | | | | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Mr. Thomas J. Bonner FACHE | | Date of Receipt | | | | | | |
| Mailing Address D.O. Box 670010 | | | | | | | | |

| Full Name (Last, First, Middle Initial) | Full Name (Last, First, Middle Initial) Mr. Thomas J. Bonner FACHE | | | | |
|--|---|---|--|--|--|
| Mailing Address P.O. Box 679010 | | M - M / D - D / Y - Y - Y - Y 12 31 2015 | | | |
| City | State Zip Code | Transaction ID : PR327983737434 | | | |
| Austin | TX 78767-9010 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 76.72 | | | |
| Name of Employer | Occupation | | | | |
| American Hospital Association-Chicago | Regional Executive | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 | | | |
| Primary General Other (specify) ▼ | 1000.00 | P/R Deduction (\$38.47 Bi-Weekly) | | | |
| Full Name (Last, First, Middle Initial) 3. Mr. Richard J. Umbdenstock | | Date of Receipt | | | |
| Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 | | 12 31 / Y Y Y Y 12 31 | | | |
| City | State Zip Code | Transaction ID : PR328132837434 | | | |
| Washington | DC 20001-5188 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 76.72 | | | |
| Name of Employer American Hospital Association-Washingt | Occupation | - | | | |
| | President and Chief Executive Officer | - | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt | | | |
| Mailing Address 5545 North Wayne | | 12 31 2015 | | | |
| City | State Zip Code | Transaction ID : PR328223837434 | | | |
| Chicago | IL 60640-1318 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 76.72 | | | |
| Name of Employer | Occupation | 1 | | | |
| American Hospital Association-Chicago | Vice President | | | | |
| Receipt For: Primary General Other (specify) ▼ | eceipt For: Aggregate Year-to-Date ▼ Primary General | | | | |
| | er only) | 230.16 | | | |

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| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | (che | FOR LINE NUMBER: PAGE 150 OF (check only one) X 11a 11b 11c 12 13 14 15 16 | | | | | | | | |
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| Any information copied from such Reports and or for commercial purposes, other than using t | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell | | | | Date of | Rece | · | | | | | | |
| Mailing Address 1093 N. Faldo Way | | | | M M | | 31 | | 2 | 015 | Y | | |
| City | State | Zip Code | | Trans | actio | n ID : | PR328 | 2414: | 37434 | | | |
| Eagle | ID | 83616-5369 | / | Amount | of E | ach R | eceipt | this F | Period | | | |
| FEC ID number of contributing federal political committee. | С | | | | . , | | | | 76. | 72 | | |
| Name of Employer | Occupation | | | | | | | | | | | |
| American Hospital Association-Chicago | Regional Ex | kecutive | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| Primary General Other (specify) ▼ | | 1000.00 | | | | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Richard J. Pollack | | | | Date of | Rece | eipt | | | | | | |
| Mailing Address 3475 North Venice Street | | | | M M | 1 | D D 31 | / | Y Y 20 |)15 | Y | | |
| City | State | Zip Code | | Transa | actio | n ID : I | PR328 | 26093 | 87434 | | | |
| Arlington | VA | 22207-4446 | / | Amount | of E | ach R | eceipt | this F | Period | | | |
| FEC ID number of contributing federal political committee. | С | | | | . , | | | | 76.7 | 2 | | |
| Name of Employer | Occupation | | | | | | | | | | | |
| American Hospital Association-Washingt | Executive V | ice President | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |

General Primary P/R Deduction (\$38.25 Bi-Weekly) 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carla J Luggiero Date of Receipt Mailing Address 800 10th Street, NW M M / D = DY 12 31 2015 Two CityCenter, Suite 400 City Zip Code State Transaction ID : PR328490137434 DC 20001-5188 Washington Amount of Each Receipt this Period FEC ID number of contributing С 18.88 federal political committee. Name of Employer Occupation Senior Associate Director, Fed Relatio American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$9.25 Bi-Weekly) 250.00 Other (specify) 172.32

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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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| TEMIZED RECEIPTS | | | for each category of the Detailed Summary Page | | _ | | 11b | 11c | 12 | г | | | | | |
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| or | for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | the name and a | ddress of any political committee | e to so | olicit co | ntri | butions | from suc | n comm | ittee |) . | | | | |
| | American Hospital Association | n PAC | | | | | | | | | | | | | |
| Α. | - | | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 200 Clover Hill Court | | | | M M | | 31 | | ү ү 2015 | | | | | | |
| | City Yardley | State PA | Zip Code 19067-5736 | | Transaction ID : PR328511837434 Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | 76.7 | 2 | | | | |
| | Name of Employer American Hospital Association-Chicago | Occupation Regional Ex | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | ſ | P/R Dec | duct | ion (\$38 | 3.25 Bi-W | ∋ekly) | | | | | | |
| В. | | | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1501 N. Harrison Street | | | | | 12 31 Y Y Y Y Y 12 31 2015 | | | | | | | | | |
| | City | State | Zip Code | _ | | | | PR3285 | | | | | | | |
| | Arlington | VA | 22205-2726 | _ | Amoun | it of | f Each I | Receipt th | iis Peric | d | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 76.72 | | | | | | | | | | |
| | Name of Employer American Hospital Association-Washingt | Occupation Senior Vice | President, Communications | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Mr. George Arges | | | | Date o | of R | eceipt | | | | | | | | |
| | Mailing Address One North Franklin St. | | | | | 12 31 2015 | | | | | | | | | |
| | City Chicago | State IL | Zip Code 60606-4425 | - | | | | : PR3286 Receipt th | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | | | 38.2 | 24 | | | | |
| | Name of Employer Occupation | | | | | | | | | | | | | | |
| | American Hospital Association-Chicago | Senior Dire | ctor, Health Data Managemen | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | I F | P/R Dec | duct | tion (\$1§ | 9.00 Bi-W | eekly) | | | | | | |
| s | UBTOTAL of Receipts This Page (optional). | | | • | | l | 7 | 7 | 19 | 01.68 | 8 | | | | |

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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 152 OF 185 (check only one) 11a X 11a 13 14 15 16 17 | | | | | |
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| Ar or | y information copied from such Reports and S for commercial purposes, other than using the | tatements ma name and a | ay not be sold or used by any p ddress of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Anthony S Burke | | | Date of Receipt | | | | | |
| | Mailing Address 155 N Wacker Dr | | | 12 31 2015 | | | | | |
| | City | State | Zip Code | Transaction ID : PR328913337434 | | | | | |
| | Chicago | IL | 60606-1709 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 76.72 | | | | | |
| | Name of Employer | Occupation | 1 | _ | | | | | |
| | AHA Solutions, Inc. | CEO | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | | | |
| В. | Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey | | | Date of Receipt | | | | | |
| | Mailing Address One North Franklin Street | | | | | | | | |
| | | | | 12 31 2015 | | | | | |
| | City | State | Zip Code | Transaction ID : PR329013437434 | | | | | |
| | Chicago | IL | 60606-4425 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 38.24 | | | | | |
| | Name of Employer American Hospital Association-Chicago | Occupation SPSA Direc | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | P/R Deduction (\$19.00 Bi-Weekly) | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Dr. John R. Combes | | | Date of Receipt | | | | | |
| | Mailing Address One North Franklin | | | M = M / D = D / Y = Y = Y = Y 12 31 2015 | | | | | |
| | City | State IL | Zip Code 60606-3436 | Transaction ID : PR329071337434 | | | | | |
| | Chicago | | 00000-3430 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 76.72 | | | | | |
| | Name of Employer | Occupation | | | | | | | |
| | American Hospital Association-Chicago | President 8 | Chief Operating Officer, C | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 191.68 | | | | | |

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| SCHEDULE A | (FEC Form | 3X) |
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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 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 | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Ms. Robyn L. Bash Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: | | Zip Code 20001-5188 | Date of Receipt | | | | | | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. W. Thomas Deweese Mailing Address 5201 Virginia Way | | | Date of Receipt | | | | | | |
| City Brentwood FEC ID number of contributing federal political committee. | State TN | Zip Code 37027-7525 | 12 31 2015 Transaction ID : PR329215737434 Amount of Each Receipt this Period 76.72 | | | | | | |
| Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ | Occupation AHA Region Aggregate | al Executive Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.47 Bi-Weekly) | | | | | | |
| C. Full Name (Last, First, Middle Initial) Mr. John Evans Mailing Address One North Franklin Street | State | Zip Code | Date of Receipt 12 / 31 / 2015 Transaction ID : PR329342637434 | | | | | | |
| Chicago FEC ID number of contributing federal political committee. | C | 60606-4425 | Amount of Each Receipt this Period | | | | | | |
| Name of Employer American Hospital Association-Chicago Receipt For: | | President & CFO Year-to-Date ▼ 350.00 | P/R Deduction (\$13.25 Bi-Weekly) | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | |
| Full Name (Last, First, Middle Initial) Ms. Patricia Meersman Mailing Address One North Franklin City | State Zip Code | Date of Receipt |
| Chicago | IL 60606-3436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 38.24 |
| Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) | Occupation Senior Director Member Relations Aggregate Year-to-Date ▼ 500.00 | P/R Deduction (\$19.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) B. Mr. Thomas Misfeldt Mailing Address One North Franklin | | Date of Receipt |
| City | State Zip Code IL 60606-3436 | Transaction ID : PR330411637434 |
| Chicago FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 76.72 |
| Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) | Occupation Associate Regional Executive Aggregate Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.47 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) C. Ms. Maureen D. Mudron | | Date of Receipt |
| Mailing Address 325 Seventh Street, NW Suite 700 City | State Zip Code | 12 31 2015 Transaction ID : PR330465237434 |
| Washington | DC 20004-2818 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 26.72 |
| Name of Employer American Hospital Association-Washingt Receipt For: Primary General | Occupation Deputy General Counsel Aggregate Year-to-Date ▼ | P/R Deduction (\$13.25 Bi-Weekly) |
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| SCHEDULE A | (FEC Form 3X) |
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| TIEMIZED RECEIPTS | | | for each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ | | | | | | | | |
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| | | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association | n PAC | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle West | | | Date of Receipt | | | | | | | | |
| | City | State | Zip Code | Transaction ID : PR330475437434 | | | | | | | | |
| | Apple Valley | MN | 55124-9229 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 76.72 | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | American Hospital Association-Chicago | Regional E | xecutive | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.47 Bi-Weekly) | | | | | | | | |
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| | Mailing Address One North Franklin | | | 12 31 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1 | | | | | | | | |
| | City | State | Zip Code | Transaction ID : PR330547737434 | | | | | | | | |
| Chicago II | | | 60606-3436 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 38.24 | | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | American Hospital Association-Chicago | Vice Presid | ent, Strategic Planning | | | | | | | | | |
| | | | Year-to-Date ▼ 500.00 | P/R Deduction (\$19.00 Bi-Weekly) | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe | | | Date of Receipt | | | | | | | | |
| | Mailing Address 172 Atteridge | | | 12 31 2015 | | | | | | | | |
| | City | State IL | Zip Code | Transaction ID : PR330549237434 | | | | | | | | |
| | Lake Forest | 12 | 60045-1715 | Amount of Each Receipt this Period | | | | | | | | |
| FEC ID number of contributing federal political committee. | | | | 76.72 | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | | | lent, Constituency Section | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | P/R Deduction (\$38.25 Bi-Weekly) | | | | | | | | |
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| | | Detailed Summary Page | | 〈 11a | | 11b | | 11c | | 12 | | |
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| Any information copied from such Reports and or for commercial purposes, other than using | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| American Hospital Associatio | n PAC | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Mr. Anthony Spohn | | | | Date of | Re | ceint | | | | | | |
| Mailing Address 3219 N. Oriole | | | | | | | | 1 | - 17 | Y | V | |
| | | | | 1,2 | ĺ ′ | | D 31 | / Y | | 15 | r | |
| City | State | Zip Code | | Trans | acti | ion II |) : F | R3310 | 9833 | 7434 | | |
| Chicago | IL | 60634-3232 | | Amount | of | Each | n Re | ceipt th | nis Pe | eriod | | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | , | | 38. | 24 | |
| Name of Employer | Occupation | 1 | \neg | | | | | | | | | |
| American Hospital Association-Chicago | Executive I | Director, Associate Membersh | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| Primary General | | | 1 F | P/R Ded | uctio | on (\$ ⁻ | 19.0 | 0 Bi-We | eekly | ') | | |
| Other (specify) | | 500.00 | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Ms. Debi H. Tucker Esq. | | | | Date of | Ro | nceint | | | | | | |
| Mailing Address 1101 N. Kentucky Street | | | | | ine | | | 1 | W | | V. | |
| maning Address 1101 N. Kentucky Street | | | | 12 | [' | | 31 | / Y | 201 | 15 | Y | |
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| Arlington | VA | 22205-3515 | | Amount | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | | _ | 38. | 24 | |
| Name of Employer | Occupation | 1 | | | | | | | | | | |
| American Hospital Association-Washingt | Executive D | Director, State Issues Forum | | | | | | | | | | |
| Receipt For: | | Year-to-Date ▼ | | | | | | | | | | |
| Primary General | riggregate | | ТР | P/R Dedu | uctio | on (\$^ | 19.2 | 4 Bi-We | eklv` |) | | |
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| Full Name (Last, First, Middle Initial) | | | | Date of | Re | ceint | | | | | | |
| Mailing Address 26 West Glendale Ave. | | | | 12 M | / | D | 31 | / Y | 201 | Y 15 | Y | |
| City | State | Zip Code | | | act | | | PR3313 | | | | |
| Alexandria | VA | 22301-2402 | | Amount | | | | | | | | |
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| Name of Employer | Occupation | 1 | _ | | | | | | | | | |
| American Hospital Association-Washingt | | lent, Operations - APP | | | | | | | | | | |
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| SCHEDULE A | (FEC | Form | 3X) |
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| | | | Detailed Summary Page | | 11a | | 11b | 11c | | 12 | | | |
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| | and from muck Descents | Otatamarta | | | 13 | | 14 | 15 | | 16 | 1 | | |
| | | | ay not be sold or used by any p address of any political committee | | | | | | | | | | |
| | MITTEE (In Full) | | | | | | | | | | | | |
| angle American H | Hospital Association | PAC | | | | | | | | | | | |
| | , First, Middle Initial) K Webb MHA, RN | | | 1 | Date o | f Re | eceipt | | | | | | |
| Mailing Address | 800 10th Street, NW | | | | M M | | DD | / Y | Y | Y | Y | | |
| | Two CityCenter, Suite 400 | | | | 12 | | 31 | JL | 201 | | | | |
| City | | State DC | Zip Code 20001-5188 | | | | | PR33137 | | - | | | |
| Washington | | DC | 20001-3166 | _ / | Amoun | t of | Each R | eceipt th | is Pe | riod | | | |
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| Name of Employ | ver | Occupation | l | | | | | | | | | | |
| AONE | | Senior Dire | ctor of Federal Relations a | | | | | | | | | | |
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| Full Name (Last 3. Ms. Judy We | , First, Middle Initial) einsheimer | | | | Date o | f Re | eceipt | | | | | | |
| | 800 10th Street, NW | | | | M M | | DD | / 7 | Y | Y | Y | | |
| 5 | Two CityCenter, Suite 400 | | | | 12 31 _2015 | | | | | | | | |
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| Name of Employ | /er | Occupation | 1 | | | | | | | | | | |
| American Hospita | al Association-Washingt | Senior Asso | ociate Director | | | | | | | | | | |
| Receipt For: | | Aggregate | Year-to-Date ▼ | | P/R Deduction (\$13.25 Bi-Weekly) | | | | | | | | |
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| | , First, Middle Initial) Woodin CHFM, FASH | 4 | | | Date o | f Re | eceipt | | | | | | |
| | 155 North Wacker Drive, Su | | | | M M 12 | 1 | 31 | / Y | 201 | | Y | | |
| City | | State | Zip Code | | Trans | sac | tion ID : | PR3314 | 1.00 | | | | |
| Chicago | | IL | 60606-1719 | | Amoun | t of | Each R | eceipt th | is Pe | riod | | | |
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| Name of Employ | /er | Occupation | l | | | | | | | | | | |
| American Hospit | | | cutive Director Infrastructu | | | | | | | | | | |
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| | | Detailed Summary Page | | - | | 11b | 11c | 12 | |
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| Any information copied from such Reports a or for commercial purposes, other than using | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | - er 1k | | 5000 | | |
| American Hospital Associatio | on PAC | | | | | | | | |
| | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | |
| A. Ms. Megan Cundari | | | \neg | Date of | | | _ | | |
| Mailing Address 800 10th Street, NW |) | | | M M | / | D D D | / Y | 2015 | Y |
| Two CityCenter, Suite 400 City |) State | Zip Code | \neg | 12 Trans | acti | 31 ion ID : | PR5180* | 2015 3 1937434 | |
| Washington | DC | 20001-5188 | \vdash | | | | | is Period | |
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| federal political committee. | | | | | - | 7 | 5 | | |
| Name of Employer | Occupation | | | | | | | | |
| American Hospital Association-Washingt | Senior Asso | ociate Director | | | | | | | |
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| Primary General Other (specify) | | 1000.00 | F | י∕R Ded | ucti | on (\$38. | 25 Bi-We | ekly) | |
| | | 7 | | | | | | | |
| Full Name (Last, First, Middle Initial) | <u> </u> | | | | | | | | |
| B. Ms. Laura M. Werner | | | | Date of | f Re | ceipt | | | |
| Mailing Address 800 10th Street, NW | | | | M M | / | DD | / Y | Y Y | Y |
| Two CityCenter, Suite 40 | | 7in Oat | | 12 | 1 | 31 | J L | 2015 | |
| City | State DC | Zip Code 20001-5188 | - | | | | | 01537434 | |
| Washington | | 20001-0100 | - | Amoun | ιOf | ⊏ach R | eceipt th | iis Period | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 38 | .24 |
| Name of Employer | Occupation | ļ | | | | | | | |
| American Hospital Association-Washingt | Associate D | Director, Political Affairs | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | 1 | | | | | | |
| Other (specify) | | 500.00 | P | P/R Ded | uctio | on (\$19.2 | 24 Bi-We | ekly) | |
| Other (specify) | | 300.00 | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Ms. Ashley B. Thompson | I | | + | Date of | Be | ceint | | | |
| Mailing Address 606 S. Royal St. | | | | | _ | | / Y | Y Y | Y |
| | | | | 12 | L | 31 | | 2015 | |
| City | State | Zip Code | | | | | | 23737434 | |
| Alexandria | VA | 22314-4142 | | Amount | t of | Each R | eceipt th | is Period | |
| FEC ID number of contributing federal political committee. | C | | | | L | 7 | , | 76 | 5.72 |
| Name of Employer | Occupation | i . | \neg | | | | | | |
| American Hospital Association-Washingt | Director, Po | | | | | | | | |
| Receipt For: | | Year-to-Date ▼ | | | | | | | |
| Primary General | - <u>-99</u> , 09410 | | F | י/R Ded | lucti | on (\$38. | 25 Bi-We | eekly) | |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | on PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta Mailing Address 800 10th Street, NW Two CityCenter, Suite 400 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Senior Asso | Zip Code 20001-5188 Deciate Director Policy Year-to-Date ▼ 350.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mailing Address City | State | Zip Code | Date of Receipt |
| FEC ID number of contributing federal political committee. Name of Employer Receipt For: | Occupation | | Amount of Each Receipt this Period |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date V |] |
| Full Name (Last, First, Middle Initial) Mailing Address City | State | Zip Code | Date of Receipt |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | | Amount of Each Receipt this Period |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ |] |
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| | | for each category of the Detailed Summary Page | 11a 11b X 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports an or for commercial purposes, other than using | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Associatio | n PAC | | |
| A. Full Name (Last, First, Middle Initial) HCA Good Government Fund-Fede Mailing Address On Park Plaza | eral PAC | | Date of Receipt |
| PO Box 550 City | State | Zip Code | 12 01 2015 Transaction ID : 22845527 |
| Nashville FEC ID number of contributing federal political committee. | TN C CO | 37202-0550 0067231 | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | 1 | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 5000.00 | |
| Full Name (Last, First, Middle Initial) B. Health Education and Learning Politic | al Action Com | mittee(HEALPAC)-Federal | Date of Receipt |
| Mailing Address 230 West McCarty Street | | | 12 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Jefferson City | State MO | Zip Code 65101 | Transaction ID : 22864848 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C co | 1179.00 | |
| Name of Employer | Occupation | 1 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1179.00 | |
| Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| Mailing Address | State | Zip Code | M = M / D = D / Y = Y = Y = Y |
| City | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | | |
| Name of Employer | Occupation | 1 | |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | 11a 11b 11c X 12 13 14 15 16 17 |
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| | nd Statements may not be sold or used by any g the name and address of any political committ | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association | on PAC | |
| Full Name (Last, First, Middle Initial) A. Hospital and Healthsystem Assoc | . of PA (F) | Date of Receipt |
| Mailing Address Post Office Box 8600 | State Zip Code | 12 09 2015 Transaction ID : 22862327 |
| Harrisburg | PA 17105-8600 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C C00128082 | 53175.00 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 106725.00 | |
| Full Name (Last, First, Middle Initial) B. Texas Hospital Association HOS | PAC - Federal | Date of Receipt |
| Mailing Address P.O. Box 15587 | | 12 21 2015 |
| City Austin | State Zip Code TX 78761-5587 | Transaction ID : 22872199 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C C00301325 | 22000.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 72000.00 | |
| Full Name (Last, First, Middle Initial) C. PAC of Missouri Hospital Asso | ciation | Date of Receipt |
| Mailing Address P.O. Box 60 | | 12 21 Y Y Y Y Y 21 2015 |
| City Jefferson City | State Zip Code MO 65102 | Transaction ID : 22872360 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C C00289777 | 1900.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1900.00 | |
| SUBTOTAL of Receipts This Page (optiona | l) | 77075.00 |
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| Any information copied from such Reports and State or for commercial purposes, other than using the na | | son for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) American Hospital Association PA | | |
| Full Name (Last, First, Middle Initial) A. AZHHA Political Action Committee (Fed | eral) | Date of Receipt |
| Mailing Address 2901 North Central Avenue Suite 900 | | 12 29 2015 |
| City Phoenix | StateZip CodeAZ85012 | Transaction ID : 22881560 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С С00217687 | 10000.00 |
| Name of Employer | Decupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 15000.00 | |
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt |
| Mailing Address | | |
| City | State Zip Code | Amount of Each Receipt this Period |
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| Name of Employer | Dccupation | _ |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 163 OF 185 (check only one) 11a 11b 11c 12 13 14 15 16 X 17 |
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| | ny information copied from such Reports and St for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | | |
| Α. | Full Name (Last, First, Middle Initial) TD Bank Mailing Address 901 Seventh Street, NW City | State | Zip Code | Date of Receipt 12 31 2015 Transaction ID : 22899156 |
| | Washington | DC | 20001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 259.51 |
| | Name of Employer | Occupation | 1 | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2394.77 | Interest Earned |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | Mailing Address | | | Date of Receipt |
| | City | State | Zip Code | |
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| SCHEDULE B | • | | Use sepa | arate schedule(s) | | | LINE N k only | | ER | : | | | PA | GE | 164 | OF 185 |
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| A. TD Bank | First, Middle Initial) | | | | | | | | | _ | sburs | | | | | |
| Mailing Address g | 01 Seventh Street, N | W | | | | | | | 12 | ĺ | | 15 | | | 015 | Ŷ |
| City Washington | | S | State DC | Zip Code 20001 | | | | Т | ans | act | ion I | D : | 228991 | 60 | | |
| Purpose of Disbur Bank Fee | sement | | | | C | 01 | | Am | oun | t of | Eacl | h E | Disburse | ment | t this | Period |
| Candidate Name | | | | | Cate T | egor ype | ry/ | | | | , | 1 | | | 10 | 9.73 |
| Office Sought: State: | House Senate President District: | | nent For: Primary Other (spe | General cify) ▼ | | | | Bar | k Fe | ee | | | | | | |
| | First, Middle Initial) XPIESS | | | | | | | М | e o 12 | _ | | sen 07 |) / | | 015 | Y |
| City Chicago | | S | State IL | Zip Code 60679 | | | | т | rans | sact | ion I | D : | 22899 ⁻ | 61 | | |
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| Office Sought: State: | House Senate President | | nent For: Primary Other (spec | General cify) ▼ | | <u>, , , , , , , , , , , , , , , , , , , </u> | | Mei | cha | int F | ees | | | | | |
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| C. Newtek Mer | chant Solution | S | | | | | | Dat | e o | f Di | sburs | sen | nent | | | |
| Mailing Address 7 | 44 N 4th Street | | | | | | | | 12 1 | / | | 02 | | | 015 | Y |
| City Milwaukee | | | State WI | Zip Code 53203 | | | | Т | ans | sact | ion I | D: | 228992 | 216 | | |
| Purpose of Disbur Merchant Fees | sement | | | | C | 01 | | Δm | oun | t of | Fac | hГ | Disburse | mont | t this | Period |
| Candidate Name | | | | | Cate T | egor ype | ry/ | | oun | | Euo | | | mem | | 3.90 |
| Office Sought: State: | House Senate President District: | | nent For: Primary Other (spe | General cify) ▼ | | | | Mer | cha | nt F | ees | | | | | |
| SUBTOTAL of Disb | ursements This Page | e (optional) | | | | | | | | | 7 | | · · | | 401 | .26 |
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| Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ President Amount of Each Disbursement this Period State: Disbursement For: President Disbursement For: President Date of Disbursement Kalling Address City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period City State Disbursement For: Primary General Other (specify) ▼ State: District: District: Amount of Each Disbursement this Period SubtrotAL of Disbursements This Page (optional) | | CHEDULE B (FEC Form 3X) | | F | OR L | LINE N | UMBER | : | | | PAG | GE 16 | 5 OF 1 | 85 |
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| or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in First, Midde Initia) American Hospital Association PAC Full Name (Last, First, Midde Initia) Align Address City City City City City City City City | IT | EMIZED DISBURSEMENTS | for each category of the | (c | | 21b | 22 | | | | | | | |
| American Hospital Association PAC Full Name (Last, First, Middle Initial) Approntech Mailing Address City State City State City State City State City State City State Disbursement Full Name (Last, First, Middle Initial) Address City State Disbursement Full Name (Last, First, Middle Initial) Address City State Disbursement City </td <td></td> | | | | | | | | | | | | | | |
| A. Paymentech Date of Disbursement Mailing Address 122 / 03 / 2015 City State Zip Code Dates TX 75254 Purpose of Disbursement 001 Category/ Type Office Sought: House Disbursement For: Bailing Address 001 Office Sought: House Disbursement For: District General Other (specify) Merchant Fees Full Name (Last, First, Middle Initial) Date of Disbursement Merchant Fees City State Zip Code Purpose of Disbursement Disbursement For: District Date of Disbursement City State Zip Code Purpose of Disbursement Category/ Type Merchant Fees Office Sought: House Disbursement For: District Amount of Each Disbursement this Period City State Zip Code Purpose of Disbursement Mailing Address City State Disbursement For: District Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement his Period City State | | | C | | | | | | | | | | | |
| Mailing Address 12 03 2015 City State Zip Code Transaction ID : 2289217 Amount of Each Disbursement Interest Out Amount of Each Disbursement this Period Cardidate Name Disbursement For: Out City State Zip Code Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Cardidate Name Disbursement For: Out Merchant Fees Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Cardidate Name Disbursement For: Out Amount of Each Disbursement this Period Cardidate Name Disbursement For: Out Amount of Each Disbursement this Period Cardidate Name Disbursement For: Out Category/ Thim Primary City State Zip Code Date of Disbursement this Period Purpose of Disbursement Disbursement For: Out Amount of Each Disbursement this Period City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Outer (specify) ▼ Amount of Each | Α. | | | | | | | _ | | | | V | VV | |
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| \square | NAME OF COMMITTEE (In Full) | | | |
| | American Hospital Association PA | С | | |
| Α. | Full Name (Last, First, Middle Initial) Friends Of John Thune | | | Date of Disbursement |
| | | | | M M / D D / Y Y Y Y |
| | Mailing Address PO Box 841 | | | 12 03 2015 |
| | 5 | State Zip Code | | Transaction ID: 22849995 |
| | Sioux Falls | SD 57101 | | |
| | Purpose of Disbursement Contribution | | 011 | Amount of Each Disbursement this Period |
| | Candidate Name | | Category/ | 4000.00 |
| | Sen. John R. Thune | | Туре | 4000.00 |
| | Office Sought: House Disburser Senate President | ment For: 2016 Primary X General Other (specify) ▼ | | Contribution |
| | State: SD District: | | | |
| В. | Full Name (Last, First, Middle Initial) Becerra For Congress | | | Date of Disbursement |
| | Decentar of Congress | | | M M / D D / Y Y Y Y |
| | Mailing Address P.O. Box 71584 | | | 12 03 2015 |
| | Los Angeles | State Zip Code CA 90071 | | Transaction ID : 22849997 |
| | Purpose of Disbursement Contribution | | 011 | Amount of Each Disbursement this Period |
| | Candidate Name | | Category/ | 2000.00 |
| | Rep. Xavier Becerra | | Туре | , |
| | Office Sought: House Disburser Senate President State: CA District: 34 | ment For: 2016 Primary X General Other (specify) ▼ | | Contribution |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Diane Black For Congress | | | Date of Disbursement |
| | | | | M M / D D / Y Y Y Y |
| | Mailing Address PO Box 1437 | | | 12 03 2015 |
| | City S Gallatin | State Zip Code TN 37066 | | Transaction ID : 22849998 |
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| | Rep. Diane Black | | Туре | 1000.00 |
| | Office Sought: House Disburser Senate President State: TN District: 06 | ment For: 2016 Primary General Other (specify) ▼ | | Contribution |
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| \backslash | NAME OF COMMITTEE (In Full) | _ | | | | | | | | | | | | |
| | American Hospital Association PA | С | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Cole For Congress | | | | | | | | isburs | | _ | | | |
| | Mailing Address P.O. Box 722256 | | | | | | M 12 | | D | 03 | | |)15 | Y |
| | City Norman | Transaction ID : 22849999 | | | | | | | | | | | | |
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| В. | Full Name (Last, First, Middle Initial) Courtney For Congress Mailing Address PO Box 1372 | | | | | | Date | M | isburs | | | | 015 | Ŷ |
| | | State | Zip Code | | | | _ | | | | 228500 | | | _ |
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| | Rep. Joseph D. Courtney | | | | egory ype | y/ | | | | | | | 1000 | 0.00 |
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| | Full Name (Last, First, Middle Initial) Hudson For Congress | | | | | | Date | of D | isburs | en | nent | | | |
| | Mailing Address PO Box 5053 | | | | | | M 12 | | | 03 | | |)15) | Y |
| | City Concord | State NC | Zip Code 28027 | | | | Tra | nsac | tion I | D : | 228500 | 01 | | |
| | Purpose of Disbursement Contribution | | | 0 |)11 | | Δτηρι | int of | Fach | ъ Г | Disburse | mont | thie | Pariod |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | American Hospital Association PA | С | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Friends Of Dave Joyce | | | | | | 1 | Date of | f Dis | burse | | _ | Y | Y | Y |
| | Mailing Address 320 Kenarden Drive | | | | | | | 12 | ľ | |)3 | | |)15 | |
| | Cleveland | State OH | Zip Code 44143 | | | | | Trans | acti | on ID |):2 | 2285000 |)3 | | |
| | Purpose of Disbursement Contribution | | | 0 | 11 | | , | Amount | t of | Each | Di | sburser | nent | this | Period |
| | Candidate Name Rep. Dave Joyce | | | Cate Ty | egor /pe | y/ | | | | , | | - 7 | | 1000 | 0.00 |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (sp | General | | | | C | Contribu | ution | I | | | | | |
| — B | State: OH District: 14 Full Name (Last, First, Middle Initial) Pat Machan For Congress | | | | | | | Date of | Dis | burse | eme | ent | | | |
| υ. | Pat Meehan For Congress | | | | | | | M M | / | D | D | | | Y | Y |
| | Mailing Address 50 S Providence Road | | | | | | | 12 | | | 03 | | 20 | 015 | |
| | Media | State PA | Zip Code 19063 | | | | | Trans | acti | ion ID | 0:2 | 228500 | 04 | | |
| | Purpose of Disbursement Contribution | | | 0 | 11 | | , | Amount | t of | Each | Di | sburser | nent | this | Period |
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| | | ment For: Primary Other (spe | General | | | | (| Contribu | utior | ١ | | | | | |
| C. | Full Name (Last, First, Middle Initial) Friends Of Bill Posey | | | | | | | Date of | f Dis | | | _ | | | |
| | Mailing Address P. O. Box 411486 | | | | | | | 12 ^M | / | D |)3 | / Y | |)15) | Y |
| | City Melbourne | State FL | Zip Code 32941 | | | | | Trans | acti | on ID |):2 | 228500 | 05 | | |
| | Purpose of Disbursement Contribution | | | 0 | 11 | ٦ | , | Amount | t of | Each | Di | sburser | nent | this | Period |
| | Candidate Name Rep. Bill Posey | | | Cate Ty | egor /pe | y/ | | | | | | | | 1000 | 0.00 |
| | Office Sought: House Disburse Senate President State: FL District: 08 | ment For: Primary Other (sp | General | | | | C | Contribu | ution | | | · · · · · · · · · · · · · · · · · · · | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | - | | | | | | | | | | | | | |
| | American Hospital Association PA | С | | | | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| Α. | Tom Rice For Congress | | | | | | _ | te of | f Dis | sburs | | _ | V V | Y | Y |
| | Mailing Address PO Box 70098 | | | | | | | 12 | ľ | | 03 | | | 015 | |
| | City Myrtle Beach | State SC | Zip Code 29572 | | | | Т | rans | acti | ion IC |): | 228500 | 06 | | |
| | Purpose of Disbursement | | 20012 | _ | _ | _ | | | | | | | | | |
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| | Rep. Tom Rice Office Sought: Y House Disburser | ment For: | 2016 | - IJ | ype | | | | | 5 | 1 | | | _ | |
| | State: SC District: 07 | Primary Other (sp | General | | | | Cor | ntribu | utior | ı | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Jason Smith For Congress | | | | | | | | _ | sburs | | | | | |
| | Mailing Address PO Box 1324 | | | | | | M | 12 | / | D (| 03 | | | 015 | Ŷ |
| | Cape Girardeau | State MO | Zip Code 63702 | | | | т | rans | acti | ion IE |) : | 228500 | 07 | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| C. | Jason Smith For Congress | | | | | | Da | te of | f Dis | sburse | en | nent | | | |
| | Mailing Address PO Box 1324 | | | | | | | [™] | / | D (|)3 | | | 015 | Y |
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| | Cape Girardeau Purpose of Disbursement | MO | 63702 | _ | - | _ | | | | | | | | | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | American Hospital Association PA | C | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | Data | | | | | | |
| А. | AMERIPAC: The Fund for a Greate | er America | | | | Date of | r Dis | | | | | |
| | Mailing Address 700 Thirteenth Street, NW Suite 600 | | | | | 12 | 1 | D 0: | | | 015 | Y |
| | 5 | State Zip Code | | | | Trans | actio | on ID | : 22850 | 009 | | |
| | Washington Purpose of Disbursement | DC 20005 | | | | mano | aotin | | . 220000 | | | |
| | 2015 Contribution | | C | 011 | | Amount | t of E | Each | Disburse | ement | this | Period |
| | Candidate Name | | Cat | egory | / | | | | | | | |
| | AMERIPAC: The Fund for a Greate | | | ype | | <u> </u> | _ | , | 7 | | 2500 | 0.00 |
| | Office Sought: House Disburser Senate President | nent For: Primary General Other (specify) v | | | | 2015 Co | ontrik | oution | | | | |
| | State: District: | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) BRIDGE PAC: Building Relationships In Diverse | e Geographic Environmen | ts PAC | 2 | | Date of | f Dis | | _ | VVV | Y | V |
| | Mailing Address 499 South Capitol St., SW Suite 422 | | | | | 12 | / | D 0 | | | 015 | Ŷ |
| | Washington | State Zip Code DC 20003 | | | | Trans | actio | on ID | : 22850 | 010 | | |
| | Purpose of Disbursement 2015 Contribution | | | 011 | | Amount | t of F | =ach | Disburse | ement | this | Period |
| | Candidate Name BRIDGE PAC: Building Relationships In Diverse Geograp | hic Environments PAC | Cat | egory ype | / | | | , | | | 500 | _ |
| | Office Sought: House Disbursen Senate President District: | nent For: Primary General Other (specify) ▼ | | | | 2015 Co | ontrik | oution | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | Committee for the Preservation of | Capitalism (CPC) | | | | Date of | f Dis | burse | _ | Y Y | Y | Y |
| | Mailing Address P.O. Box 65314 | | | | | 12 | | 0 | 3 | 20 | 015 | |
| | City S Washington | StateZip CodeDC22036 | | | | Trans | actio | on ID | : 22850 | 011 | | |
| | Purpose of Disbursement 2015 Contribution | | C |)11 | | Amount | t of E | Each | Disburse | ement | this | Period |
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| | Committee for the Preservation of | · · · · · | | ype | | | | , | 7 | | 5000 | 0.00 |
| | Office Sought: House Disburser Senate President | nent For: Primary General Other (specify) ▼ | | | | 2015 Co | ontrib | oution | | | | |
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| NAM | E OF COMMIT | TTEE (In Full) | | | | | | | | | | | | | | | |
| Am | nerican Ho | spital Ass | sociat | tion PAC | C | | | | | | | | | | | | |
| - | Name (Last, Fi | | , | | | | | | | _ | | | | | | | |
| A. De | mocrats W | /in Seats | PAC | | | | | | | Da | ite of | f Dis | sburse | ment | | | |
| Mailir | ng Address 10 | 71 Turin Bran | ch Lane |) | | | | | | N | 12 | / | 0 | | | y y 2015 | Y |
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| Office | e Sought: | House Senate President | | | nent For: Primary Other (spe | General ecify) ▼ | | <u>, , , , , , , , , , , , , , , , , , , </u> | | 20 | 15 Co | ontri | bution | | | | |
| State | | District: | | | | | | | | | | | | | | | |
| _ | Name (Last, Fi ne Star Le | | , | | | | | | | | | f Dis | burse | | | | |
| Mailir | ng Address 73 | 315 Wisconsin uite 310 East | n Avenu | e | | | | | | N | 12 | / | 0 | | | 2015 | Y |
| | esda | | | | State MD | Zip Code 20814 | | | | ٦ | rans | acti | on ID | : 2285 | 0013 | | |
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| Office | e Sought: | House Senate President District: | | | nent For: Primary Other (spe | General cify) ▼ | | | | 20 | 15 C | ontri | bution | | | | |
| | Name (Last, Fi | | itial) | | | | | | | D | | | | | | | |
| C. Pro | osperity Ac | ction Inc | | | | | | | | _ | | | sburse | | | | |
| Mailir | ng Address 10 | 06 Pendleton | Street | | | | | | | N | 12 | / | 0 | | | 2015 | Y |
| City | andria | | | | State VA | Zip Code 22314 | | | | Ţ | rans | acti | on ID | : 2285 | 0018 | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | | |
| $\Big\rangle$ | American Hospital Association PA | С | | | |
| | Full Name (Last, First, Middle Initial) | | | | Data of Diskursersent |
| А. | Southwest Leadership Fund | | | | Date of Disbursement |
| | Mailing Address PO Box 208 | | | | 12 03 2015 |
| | Santa Fe | StateZip CodeNM87504 | | | Transaction ID : 22850020 |
| | Purpose of Disbursement 2015 Contribution | | | 011 | Amount of Each Disbursement this Period |
| | Candidate Name | | | | Amount of Each Disbursement this Period |
| | Southwest Leadership Fund | | | Category/ Type | 1000.00 |
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| | Full Name (Last, First, Middle Initial) | | | | |
| | Together Holding Our Majority (TH | IOM PAC) | | | Date of Disbursement |
| | Mailing Address PO Box 97396 | | | | 12 03 2015 |
| | City Raleigh Purpose of Disbursement | State Zip Code NC 27624 | | | Transaction ID : 22850021 |
| | 2015 Contribution | | | 011 | Amount of Each Disbursement this Period |
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| | Office Sought: House Disburse Senate President State: District: | ment For: Primary Gene Other (specify) ▼ | eral | | 2015 Contribution |
| - | Full Name (Last, First, Middle Initial) VINEPAC: Victory in November El | ection PAC | | | Date of Disbursement |
| | Mailing Address 700 Thirteenth Street, NW Suite 600 | | | | 12 03 Y Y Y Y Y 12 03 2015 |
| | Washington | StateZip CodeDC20005 | | | Transaction ID : 22850024 |
| | Purpose of Disbursement 2015 Contribution | | - 11 | 011 | |
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| | VINEPAC: Victory in November El | lection PAC | | Category/ Type | 2500.00 |
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| NAME OF COMMITTEE (In Full) | | | |
| American Hospital Association PA | C | | |
| Full Name (Last, First, Middle Initial) A. Charlie Crist for Congress | | | Date of Disbursement |
| Mailing Address PO Box 1547 | | | 12 03 2015 |
| City St. Petersburg | StateZip CodeFL33731 | | Transaction ID : 22850025 |
| Purpose of Disbursement Contribution | | 011 | Amount of Each Disbursement this Period |
| Candidate Name Charlie Crist | | Category/ Type | 5000.00 |
| | ement For: 2016 Primary General Other (specify) ▼ | | Contribution |
| Full Name (Last, First, Middle Initial) B. Portman For Senate Committee Mailing Address 9856 Archer Lane | | | Date of Disbursement |
| City | State Zip Code | | Transaction ID : 22872201 |
| Dublin Purpose of Disbursement Contribution | OH 43017 | 011 | Amount of Each Disbursement this Period |
| Candidate Name Sen. Rob Portman | | Category/ Type | 1000.00 |
| Office Sought: House Disburse Senate President State: OH District: | ement For: 2016 Primary X General Other (specify) ▼ | | Contribution |
| Full Name (Last, First, Middle Initial) C. Katherine Clark For Congress | | | Date of Disbursement |
| Mailing Address PO Box 361 | | | 12 / D D / Y Y Y Y 15 / 2015 |
| City Malden | StateZip CodeMA02148 | | Transaction ID : 22872203 |
| Purpose of Disbursement Contribution | | 011 | Amount of Each Disbursement this Period |
| Candidate Name Rep. Katherine M Clark | | Category/ Type | 1000.00 |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | - | | | | | | | | | | | | | |
| $ \rangle$ | American Hospital Association PA | С | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | _ | | | | | | | |
| Α. | Paul Gosar For Congress | | | | | | | Date of | f Dis | | | _ | | | |
| | Mailing Address PO Box 2967 | | | | | | | 12 | / | D 1 | 15 | | | 015 | Y |
| | 5 | State AZ | Zip Code | | | | | Trans | acti | on ID |): | 228722 | 04 | | |
| | Prescott Purpose of Disbursement | AZ | 86302 | _ | | _ | - | | | | | | | | |
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| | Rep. Paul A. Gosar Office Sought: V House Disburse | ment For: | 2016 | Ţ | ype | | | | - | 7 | | - 7 | | 1000 | |
| | Senate President | Primary Other (sp | General | | | | | Contribu | utior | ١ | | | | | |
| | State: AZ District: 04 | | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Palazzo For Congress | | | | | | | Date of | Dis | | | | | | |
| | Mailing Address 13155 Highway 67 Suite B | | | | | | | 12 | / | D | 15 | | | 015 | Y |
| | Biloxi | State MS | Zip Code 39532 | | | | | Trans | acti | ion IE |): | 228722 | :07 | | |
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| | State: MS District: 04 | Other (spe | ecify) 🔻 | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Pascrell For Congress | | | | | | | Date of | Dis | sburse | en | nent | | | |
| | Mailing Address PO Box 100 | | | | | | | ^M 12 | / | D 1 | 15 | | | 015 | Y |
| | Teaneck | State NJ | Zip Code 07666 | | | | | Trans | acti | ion ID |): | 228722 | 808 | | |
| | Purpose of Disbursement Contribution | | | | 11 | | | | | | _ | | | | |
| | Candidate Name Rep. William J. Pascrell Jr. | | | Cate | | | | Amount | t of | Each | C |)isburse | ment | t this 1000 | _ |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | American Hospital Association PA | С | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Price For Congress | | | | | | Date of | Dis | sburse | ment | | | |
| | Mailing Address P.O. Box 1986 | | | | | | ^M 12 | / | D 1: | | | 015 | Y |
| | 5 | State | Zip Code | | | | Trans | acti | on ID | : 228722 | 209 | | |
| | Raleigh Purpose of Disbursement | NC | 27602 | | | | Trano | | 0.1.12 | | | | |
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| | Rep. David E. Price | | | Т | ype |) | _ | - | 7 | | - | 1000 | |
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| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| В. | Friends Of Dave Reichert | | | | | | Date of | Dis | burse | ment | | | |
| | Mailing Address PO Box 2032 | | | | | | ^M 12 | / | D 1 | | | 2015 | Y |
| | Issaquah | State WA | Zip Code 98027 | | | | Trans | acti | on ID | : 228722 | 210 | | |
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| c. | Full Name (Last, First, Middle Initial) Scott For Congress | | | | | | Date of | Dis | burse | ment | | | |
| | Mailing Address Post Office Box 251 | | | | | | ^M 12 | / | D 15 | | | 015 | Y |
| | 5 | State VA | Zip Code 23607 | | | | Trans | acti | on ID | : 228722 | 211 | | |
| | Newport News Purpose of Disbursement Contribution | <u>v</u> <u> </u> | 23007 | |)11 | | | | _ | | | | |
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| | Rep. Robert C. Scott | | | Cat T | ego ype | | | | | | | 1000 | 0.00 |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | American Hospital Association PA | С | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Stivers For Congress | | | | | | Date o | of Dis | sburse | ment | | | |
| | Mailing Address 4679 Winterset Drive | | | | | | M 12 | / | D 1 | | | 015 | Y |
| | 5 | State OH | Zip Code | | | | Tran | sacti | ion ID | : 228722 | 212 | | |
| | Columbus Purpose of Disbursement | ОП | 43220 | | | | | | | | | | |
| | Contribution | | | C |)11 | | Amour | nt of | Each | Disburse | ement | t this | Period |
| | Candidate Name Rep. Steve Stivers | | | Cate | egor ype | | | | | | | 1000 | 0.00 |
| | Office Sought: X House Disburser Senate President | nent For: Primary Other (spe | General | | ype | | Contrib | outior | 1 | | | | |
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| р. | Visclosky For Congress | | | | | | | | D | | VVV | Y | V |
| | Mailing Address Post Office Box 10003 | | | | | | 12 | | 1 | | | 015 | T |
| | Merrillville | State IN | Zip Code 46411 | | | | Tran | sact | ion ID | : 228722 | 213 | | |
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| | State: IN District: 01 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| C. | CAFO PAC (Concerned Americans | s for Fre | eedom PAC) | | | | Date o | _ | | ment | VVV | Y | V |
| | Mailing Address 3321 Avenue I - Suite 6 | | | | | | 12 | | 1 | | | 015 | |
| | City S Scottsbluff | State NE | Zip Code 69361 | | | | Tran | sact | ion ID | : 228722 | 214 | | |
| | Purpose of Disbursement 2015 Contribution | | | C |)11 | | A.m.o.ur | .+f | Tach | Dieburge | mont | thia I | Deried |
| | Candidate Name CAFO PAC (Concerned Americans for | or Free | | Cate | egor | | Amour | | Lacii | Disburse | inen | 1000 | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | American Hospital Association PAC | 2 | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| А. | Hoosiers First PAC | | | | | | Date of | Dis | | | | | |
| | Mailing Address 215 South St. Joseph Street Suite 600 | | | | | | 12 ^M | / | D 18 | | | 2015 | Y |
| | 5 | State | Zip Code | | | | Trans | acti | on ID | : 22872 | 219 | | |
| | South Bend Purpose of Disbursement | IN | 46601 | | | | inano | aon | 01112 | | | | |
| | 2015 Contribution | | | C |)11 | | Amount | of | Each | Disburs | emen | nt this | Period |
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| | Hoosiers First PAC | | | | ype | <i>y</i> , | | | 7 | | | 1000 | 0.00 |
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| В. | Full Name (Last, First, Middle Initial) | | | | | | Date of | Dis | burse | | V | YY | V |
| | Mailing Address 509 Madison Ave. Suite 1902 | | | | | | 12 | ĺ | 1 | | | 2015 | Ţ |
| | New York | State NY | Zip Code 10022 | | | | Trans | acti | on ID | : 2287 | 2226 | | |
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| C. | Jobs, Opportunity & Education, PA | C (JOE | PAC) | | | | Date of | Dis | burse | ment | | | |
| | Mailing Address 84-54 Grand Avenue | | | | | | M M 12 | / | D 15 | | | 2015 | Y |
| | | State NY | Zip Code 11373 | | | | Trans | acti | on ID | : 2287 | 2227 | | |
| | Purpose of Disbursement 2015 Contribution | | | | - | | | | | | | | |
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| | American Hospital Association PAC | C | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Leading Orange County PAC | | | | | | | te o | _ | | ser | ment | Y | / Y | Y |
| | Mailing Address PO BOX 6037 | _ | | | | | | 12 | | | 15 | | _ 2 | 015 | |
| | City Santa Anna Purpose of Disbursement | State CA | Zip Code 92706 | | | | т | rans | sacti | ion | ID : | 22872 | 228 | | |
| | 2015 Contribution Candidate Name | | | | 11 | | Am | ioun | t of | Ead | ch [| Disburs | emen | t this | Period |
| | Leading Orange County PAC Office Sought: House Disbursen | nont For | | Cate Ty | egor /pe | ry/ | | | | 7 | | 7 | _ | 500 | 0.00 |
| | Senate | Primary Other (spec | General cify) ▼ | | | | 201 | 5 C | ontri | ibuti | on | | | | |
| в. | Full Name (Last, First, Middle Initial) | | | | | | | M | _ | | | | | | Y |
| | Mailing Address PO Box 1441 | State | Zip Code | | | | | 12 | | | 15 |) | 2 | 2015 | |
| | City S Topeka Purpose of Disbursement | KS | 66601 | | | | Т | rans | sact | ion | ID : | : 22872 | 229 | | |
| | 2015 Contribution Candidate Name LYNN PAC | | | Cate | 911 egor /pe | ry/ | Am | ioun | t of | Ead | ch [| Disburs | | | Period 0.00 |
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| c. | Full Name (Last, First, Middle Initial) Next Century Fund | | | | | | _ | te o | _ | _ | rser | ment | V | (Y | V |
| | Mailing Address 116 South Royal Street | | | | | | | 12 | Í | | 15 | | | 015 | |
| | Alexandria | State VA | Zip Code 22314 | | | | т | rans | sact | ion | ID : | : 22872 | 230 | | |
| | Purpose of Disbursement 2015 Contribution Candidate Name | | | Cate | 11 egor /pe | | Am | ioun | t of | Ead | ch [| Disburs | emen | | Period 0.00 |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | _ | | | | | | | | | | | | |
| | American Hospital Association PA | С | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Peter Norbeck Leadership PAC; Th | he | | | | | Date | of Di | sburs | eme | ent | | | |
| | Mailing Address PO Box 250 | | | | | | M 12 | | | D 15 | / Y | y 201 | | |
| | City S Pierre | State SD | Zip Code 57501-0250 | | | | Trar | nsact | ion IC |):2 | 287223 | 81 | | |
| | Purpose of Disbursement 2015 Contribution | | | (| 011 | | Amou | nt of | Each |) Dis | sburser | nent t | his P | eriod |
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| | Peter Norbeck Leadership PAC; Th Office Sought: House Disburser | | | Т | ype | | | - | 7 | - | | | - | |
| | Senate Senate State: District: | Primary Other (spe | General ecify) ▼ | | | | 2015 (| Contr | ibutio | n | | | | |
| | Full Name (Last, First, Middle Initial) Preserving America's Traditions P/ | AC (PA ⁻ | TPAC) | | | | Date | | | eme | | Ŷ | Y | |
| | Mailing Address 228 South Washington Street Suite B-20 | | | | | | 12 | | | 15 | | 201 | | |
| | Washington | State DC | Zip Code 22314 | | | | Trai | nsact | tion II | D:2 | 2287223 | 32 | | |
| | Purpose of Disbursement 2015 Contribution Candidate Name | | | | 011 | | Amou | nt of | Each | Dis | sburser | nent t | his P | eriod |
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| | Office Sought: House Disburser Senate President State: District: | nent For: Primary Other (spe | General ccify) ▼ | | | | 2015 | Contr | ibutio | n | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | Beatty For Congress | | | | | | Date | - | | | | | | |
| | Mailing Address PO Box 172 | | | | | | M 12 | | | 17 | / Y | 201 | | <i>(</i> |
| | City Columbus Purpose of Disbursement | State OH | Zip Code 43216 | | | | Trai | nsact | tion IE | D : 2 | 287224 | 11 | | |
| | Contribution | | | (| 011 | | Amou | nt of | Each |) Dis | sburser | nent t | his P | eriod |
| | Candidate Name Rep. Joyce Beatty | | | | egor ype | | | | | | | 1 | 1000. | 00 |
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| \rangle | NAME OF COMMITTEE (In Full) American Hospital Association PA | C | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Vern Buchanan For Congress | | | | | | _ | | f Dis | sburse | | | | Y | Y |
| | Mailing Address P. O. Box 48928 | | | | | | | 12 | ĺ | | 7 | 1 | | 015 | Y |
| | City Sarasota Purpose of Disbursement | State FL | Zip Code 34230 | | | | - | Trans | acti | on ID | : 2 | 228722 | 242 | | |
| | Contribution Candidate Name | | | | 11 | | A | mount | t of | Each | Di | isburse | men | t this | Period |
| | Rep. Vern Buchanan | ement For: | 2016 | Cate Ty | egoi /pe | ry/ | L | | - | 7 | | - 7 | | 4000 | 0.00 |
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| в. | Full Name (Last, First, Middle Initial) | | | | | | _ | ate of | _ | sburse | | _ | Y Y | Y | Y |
| | Mailing Address PO Box 106 | | | | | | | 12 | | 1 | 7 | | 2 | 015 | |
| | City Bowling Green Purpose of Disbursement | State OH | Zip Code 43402 | | | | | Trans | acti | ion ID |):2 | 228722 | 243 | | |
| | Contribution Candidate Name Rep. Bob Latta | | | Cate |)11 egoi /pe | | A | mount | t of | Each | Di | isburse | men | | Period 0.00 |
| | Office Sought: X House Disburse | ement For: Primary Other (spe | General | | <u>, hc</u> | | Co | ontribi | utior | 1 | | | | | |
| C. | Full Name (Last, First, Middle Initial) Moolenaar For Congress | | | | | | _ | ate of | f Dis | sburse | | ent | ~ ~ | Y | Y |
| | Mailing Address 5915 Eastman Avenue Suite 100 | | | | | | | 12 | ĺ | | 7 | | | 015 | |
| | City Midland Purpose of Disbursement | State MI | Zip Code 48640 | | | | | Trans | acti | ion ID |):2 | 228722 | 248 | | |
| | Contribution Candidate Name John Moolenaar | | | Cate | 11 egoi ype | | A | mount | t of | Each | Di | isburse | men | t this 1000 | _ |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | 2 | | | | | | | | | | | | | | | | | |
| | American Hospital Association PAG | C | | | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Kyrsten Sinema For Congress | | | | | Date o | f Dis | sburse | ment | | | | | | | | | | |
| | Mailing Address PO Box 25879 | | | | | M M | / | D 1 | | 201 | | Y | | | | | | | |
| | | | | | | 12 17 2015 | | | | | | | | | | | | | |
| | City State Zip Code | | | | | | acti | on ID | : 228722 | 49 | | | | | | | | | |
| | Purpose of Disbursement | Tempe AZ 85285 | | | | | | | 1 | | | | | | | | | | |
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| | Candidate Name | | Cate | | y/ | | | | | | 1000. | 00 | | | | | | | |
| | Rep. Kyrsten Sinema Office Sought: V House Disburser | nent For: 2016 | Ту | /pe | | <u> </u> | - | 7 | - 7 | _ | | | | | | | | | |
| | | Primary General Other (specify) | | | | Contrib | | | | | | | | | | | | | |
| | State: AZ District: 09 | | | | | | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) | | | | | Date o | f Dis | sburse | ment | | | | | | | | | | |
| | Mailing Address PO Box 2485 | | | | | 12 17 2015 | | | | | Y | | | | | | | | |
| | Springfield | State Zip Code VA 22152 | | | | Transaction ID : 22872250 | | | | | | | | | | | | | |
| | Purpose of Disbursement 2015 Contribution | | | | | | | | Amount of Each Disbursement this Period | | | | | | | | | | |
| | Candidate Name | | Cate | aorv | v/ | | | | | | | | | | | | | | |
| | CMR PAC | | | /pe | ,. | 2500.00 | | | | | | | | | | | | | |
| | Office Sought: House Disburser Senate President District: | nent For: Primary General Other (specify) ▼ | | | | 2015 C | ontri | bution | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | | | |
| C. | Conservatives Restoring Excellence | e | | | | Date o | f Dis | sburse | ment | | | | | | | | | | |
| | Mailing Address PO Box 904 | | | | | м м 12 | / | D 17 | | 201 | | Y | | | | | | | |
| | City S Dunn | State Zip Code NC 28335 | | | | Transaction ID : 22872251 | | | | | | | | | | | | | |
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| | Candidate Name | | Cate | gory | y/ | | | | | | | | | | | | | | |
| | Conservatives Restoring Excellence | | Ту | /pe | | | | 7 | | | 2000. | 00 | | | | | | | |
| | President | nent For: Primary General Other (specify) ▼ | | | | 2015 Contribution | | | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Associa | tion PAC | C | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Forward Together PAC | | | | | | C | Date of | Dis | | | - Y | | ¥. | | | | |
| Mailing Address 201 N. Union Street Suite 300 | | | | | | | 12 17 2015 | | | | | | | | | | |
| City Alexandria Purpose of Disbursement | 5 | State VA | Zip Code 22314 | | | | Transaction ID : 22872252 | | | | | | | | | | |
| 2015 Contribution Candidate Name | | | | Cate | 11 | n/ | А | mount | of | Each | Disbu | rseme | ent this | Period | | | |
| Forward Together PAC Office Sought: House | Disbursen | | | | ype | | | | _ | 7 | - | 7 | 400 | 0.00 | | | |
| State: District: | | Primary Other (spe | General cify) ▼ | | | | 20 | 015 Cc | ontril | bution | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Fund For The Majority, The | 9 | | | | | | _ | Date of | Dis | burse | | Y | YY | V | | | |
| Mailing Address 1212 S. Victory Blvd. | | | | | | | 12 17 2015 Transaction ID : 22872258 | | | | | | | | | | |
| City Burbank | S | State CA | Zip Code 91502 | | | | | | | | | | | | | | |
| Purpose of Disbursement 2015 Contribution Candidate Name Fund For The Majority, The | <u>.</u> | | | Cate |)11 egoi ype | | Amount of Each Disbursement this Period | | | | | | | | | | |
| Office Sought: House Senate President State: District: | Disbursen | nent For: Primary Other (spec | General cify) ▼ | | ype | | 2 | 015 Co | ontri | bution | | , | | | | | |
| Full Name (Last, First, Middle Initial) C. New Pioneers PAC | | | | | | | | Date of | Dis | sburse | | Y | YY | Y | | | |
| Mailing Address 228 S. Washington St. Suite 115 | | | | | | | | 12 | <i>'</i> | 1 | | | 2015 | | | | |
| City Alexandria Purpose of Disbursement | kandria VA 22314 | | | | | | Transaction ID : 22872259 | | | | | | | | | | |
| 2015 Contribution Candidate Name C | | | | | 11 egoi | | А | Amount of Each Disbursement this Period 3500.00 | | | | | | | | | |
| New Pioneers PAC Office Sought: House Senate President State: District: | | nent For: Primary Other (spe | General cify) ▼ | | ype | | 20 | 015 Co | ontril | bution | | 7 | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | American Hospital Association PA | C | | | | | | | | | | |
| Δ. | Full Name (Last, First, Middle Initial) Darren Soto For Congress | | Date of Disbursement | | | | | | | | | |
| | Darren Solo i or Congress | | | | | | | | | | | |
| | Mailing Address 338 N Magnolia Avenue Suite D | | 12 17 _2015 | | | | | | | | | |
| | City S | le | | Transaction ID : 22872260 | | | | | | | | |
| | Orlando Purpose of Disbursement | FL 32801 | | | | | | | | | | |
| | Contribution | | | 011 | Amount of Each Disbursement this Period | | | | | | | |
| | Candidate Name | | | Category/ | 0500.00 | | | | | | | |
| | Darren Soto | | | Туре | 2500.00 | | | | | | | |
| | Senate X President | nent For: 2016 Primary Ge Other (specify) ▼ | eneral | | Contribution | | | | | | | |
| | State: FL District: 09 | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Larson For Congress | | | | Date of Disbursement | | | | | | | |
| | Mailing Address PO Box 261172 | | | | 12 17 2015 | | | | | | | |
| | Hartford | State Zip Cod CT 06126 | le | | Transaction ID : 22872261 | | | | | | | |
| | Purpose of Disbursement Contribution | | | 011 | Amount of Each Disbursement this Period | | | | | | | |
| | Candidate Name | | | Category/ | 1500.00 | | | | | | | |
| | Rep. John B. Larson | | | Туре | _ | | | | | | | |
| | Senate | Other (specify) | neral ntion2016 | 3 | Contribution | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | Louise Slaughter Re-Election Com | mittee | | | Date of Disbursement | | | | | | | |
| | | | | | M M / D D / Y Y Y Y | | | | | | | |
| | Mailing Address P.O. Box 30632 | | | | 12 18 2015 | | | | | | | |
| | City S Rochester | State Zip Cod NY 14603 | le | | Transaction ID : 22872278 | | | | | | | |
| | Purpose of Disbursement | | | | | | | | | | | |
| | Contribution | | | 011 | Amount of Each Disbursement this Period | | | | | | | |
| | Candidate Name | | | Category/ | 1000.00 | | | | | | | |
| | Rep. Louise McIntosh Slaughter | ment For: 2016 | | Туре | | | | | | | | |
| | State: NY District: 25 | | eneral | | Contribution | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | _ | | | | | | | | | | | | |
| | American Hospital Association PAC | C | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Denali Leadership PAC | | | | | Date of | f Dis | sburse | ment | | | | | |
| | | | | | | M M | / | D | D / | Y I Y | Y Y | Y | | |
| | Mailing Address 16158 Essex Park Dr. | | | | | 12 | | 1 | 8 | 2 | 2015 | | | |
| | City S Anchorage | State Zip Code AK 99516 | | | | Trans | acti | ion ID | : 228722 | 279 | | | | |
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| | 2015 Contribution Candidate Name | | | 011 | | Amoun | t of | Each | Disburse | emen | t this | Period | | |
| | Denali Leadership PAC | | | tego Гуре | | | | | | | 400 | 00.00 | | |
| | Office Sought: House Disbursen | nent For: | | . , p c | | | | , | | | | | | |
| | Senate President | Primary General Other (specify) | | | | 2015 Contribution | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | - | NUMBER: PAGE 185 OF 185 | | | | | | | | | |
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| American Hospital Association PA | NC | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbur | somont | | | | | | | | |
| A. Dr. Kenneth S Lewis MD, JD | | | | | (YYY | Y | | | | | | |
| Mailing Address 106 Bow Street | | | 12 08 2015 | | | | | | | | | |
| City Elkton | StateZip CodeMD21921-5544 | | Transaction ID : 22854680 Amount of Each Disbursement this Period | | | | | | | | | |
| Purpose of Disbursement Refund | | 010 | | | | | | | | | | |
| Candidate Name | | Category/ Type | 350.00 | | | | | | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary General Other (specify) | Турс | Refund | | | | | | | | | |
| State: District: | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Mr. Nick DeJong Mailing Address 946 Amsterdam Ave NE | | | Date of Disbursement | | | | | | | | | |
| City Atlanta | State Zip Code GA 30306-3406 | | Transaction | Transaction ID : 22898282 | | | | | | | | |
| Purpose of Disbursement Refund | | 010 | Amount of Eac | ment this | Period | | | | | | | |
| Candidate Name | | Category/ Type | 750.00 | | | | | | | | | |
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| State: District: | _ | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbur | | | | | | | | | |
| Mailing Address | | | D / Y | YYY | Y | | | | | | | |
| City | State Zip Code | | | | | | | | | | | |
| Purpose of Disbursement | | Amount of Each Disbursement this Period | | | | | | | | | | |
| Candidate Name | I | Category/ Type | ment this | Period | | | | | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary General Other (specify) ▼ | | | | | | | | | | | |
| State: District: | <u> </u> | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | ••••• | | | 110 | 0.00 | | | | | | |
| TOTAL This Period (last page this line number onl | y) | •••••• | | | 110 | 0.00 | | | | | | |