

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="1653206.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2942763.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="305566.95"/>	<input type="text" value="2378798.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3248330.26"/>	<input type="text" value="4032004.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="107562.71"/>	<input type="text" value="891237.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3140767.55"/>	<input type="text" value="3140767.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Hospital Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	179923.77	1071496.68
(ii) Unitemized	32129.67	348153.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	212053.44	1419650.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	6179.00	11179.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	218232.44	1430829.03
12. Transfers From Affiliated/Other Party Committees.....	87075.00	688050.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	256999.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	525.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	259.51	2394.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	305566.95	2378798.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	305566.95	2378798.16

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	462.71	6268.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	462.71	6268.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	106000.00	883393.52
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1100.00	1575.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1100.00	1575.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	107562.71	891237.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107562.71	891237.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 OF 185
(check only one)
 11a 11b 11c 12
 13 14 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)
A. Mr. Victor L Campbell

Mailing Address One Park Plaza

City Nashville State TN Zip Code 37203-6527

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

Name of Employer HCA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22848887

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Cindy Morrison

Mailing Address PO Box 5039

City Sioux Falls State SD Zip Code 57117-5039

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

Name of Employer Sanford USD Medical Center Occupation Senior Vice President Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 22849044

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Pegeen A. Townsend

Mailing Address 225 McKeon Road

City Severna Park State MD Zip Code 21146-3012

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

Name of Employer MedStar Health Occupation Vice President Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 22849065

Amount of Each Receipt this Period
255.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1005.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 185
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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David R Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Walhni Street
 City Galveston State TX Zip Code 77554-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Branch Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 22850283
 Amount of Each Receipt this Period
 500.00

B. Ms. Janice Burger
 Full Name (Last, First, Middle Initial)
 Mailing Address 9205 SW Barnes Road
 City Portland State OR Zip Code 97225-6603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence St. Vincent Medical Center Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 22850291
 Amount of Each Receipt this Period
 350.00

C. Mr. Ryan K Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1450
 City Douglas State WY Zip Code 82633-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital of Converse County Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850321
 Amount of Each Receipt this Period
 500.00

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

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

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FOR LINE NUMBER: PAGE 8 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Joe Wilkins Jr.

Mailing Address 82414 Puccini Dr

City State Zip Code
Indio CA 92203-3848

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

Name of Employer Occupation
St. Joseph Hospital Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 22850326

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr. Stephen Stewart

Mailing Address 1035 Country Club Drive

City State Zip Code
Lake Ozark MO 65049-5117

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

Name of Employer Occupation
SSM Health St. Mary's Hospital - Jeffe Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : 22850327

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mrs. Barbara M Anderson

Mailing Address 1201 South Main Street

City State Zip Code
Crown Point IN 46307-8481

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

Name of Employer Occupation
Franciscan St. Anthony Health - Crown President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850330

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. James Callaghan III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2910 Mt. Claire Way
 City Long Beach State IN Zip Code 46360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan St. Francis Health - Indian Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850336
 Amount of Each Receipt this Period
 250.00

B. Michelle Fenoughty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 Greenstone Court
 City Danville State IN Zip Code 46122-7828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hendricks Regional Health Occupation CMO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850343
 Amount of Each Receipt this Period
 250.00

c. Thomas Gryzbek
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 Capri Lane
 City Dyer State IN Zip Code 46311-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan Alliance Occupation Senior VP/COO Post Acute /Compliance
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850347
 Amount of Each Receipt this Period
 500.00

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Catherine Keck

Mailing Address 2796 W. 150 N.

City Washington State IN Zip Code 47501-9253

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

Name of Employer Daviess Community Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850351

Amount of Each Receipt this Period
500.00

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

Mailing Address 11751 N. US 421

City Monticello State IN Zip Code 47960

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

Name of Employer River Bend Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850355

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Mr. Kenneth G. Stella

Mailing Address 4671 Bedford Court

City Carmel State IN Zip Code 46033-4647

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

Name of Employer Indiana Hospital Association Occupation President Emeritus

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 22850377

Amount of Each Receipt this Period
500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Terrance E Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 South Creasy Lane
 City Lafayette State IN Zip Code 47905-4972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan Alliance Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2015
Transaction ID : 22850387
 Amount of Each Receipt this Period 250.00

B. Mr. Anthony Dias MBBS, DPM,
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Barnes Road
 City Wallingford State CT Zip Code 06492-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Vice President, Data Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2015
Transaction ID : 22850389
 Amount of Each Receipt this Period 500.00

C. Mr. Steven Ruby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Bay Hill Dr
 City Bloomfield State CT Zip Code 06002-2374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Chair Department of Surgery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2015
Transaction ID : 22850390
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 185
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Gerald J Boisvert

Mailing Address 282 Washington Street

City State Zip Code
Hartford CT 06106-3322

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

Name of Employer Occupation
Connecticut Children's Medical Center Vice President and Chief Financial Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 22850392

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Mary Lyon

Mailing Address 12 Wildlife Drive

City State Zip Code
Wallingford CT 06492-5346

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

Name of Employer Occupation
Connecticut Hospital Association Vice President, Integrated Health Info

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 22850393

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Mr. James D. Iacobellis

Mailing Address 110 Barnes Road

City State Zip Code
Wallingford CT 06492-1802

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 22850394

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Jennifer LaRosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 154 Princeton Avenue
 City Berkeley Heights State NJ Zip Code 07922-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barnabas Health Occupation Manager, Patient Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : 22850402
 Amount of Each Receipt this Period
 227.50

B. Mr. Darrell K Terry Sr
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 Jessice Way
 City South Orange State NJ Zip Code 07079-2154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barnabas Health Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : 22850406
 Amount of Each Receipt this Period
 650.00

C. Mr Edward Lamb
 Full Name (Last, First, Middle Initial)
 Mailing Address 10547 Wasatch Blvd
 City Sandy State UT Zip Code 84092-4552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IASIS Healthcare Occupation Western Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 22850432
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1377.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Patty Haggen

Mailing Address 1601 Ygnacio Valley Road

City Walnut Creek	State CA	Zip Code 94598-3122
----------------------	-------------	------------------------

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

Name of Employer John Muir Medical Center, Walnut Creek	Occupation Director, Rehabilitation Services
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : 22850434

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Ms. Kathryn A Raethel RN, MPH, M

Mailing Address 640 Ulukahiki Street

City Kailua	State HI	Zip Code 96734-4454
----------------	-------------	------------------------

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

Name of Employer Castle Medical Center	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : 22850436

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Dr. Kenneth S Lewis MD, JD

Mailing Address 106 Bow Street

City Elkton	State MD	Zip Code 21921-5544
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : 22850448

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Kenneth S Lewis MD, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Bow Street
 City Elkton State MD Zip Code 21921-5544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22850450
 Amount of Each Receipt this Period
 350.00

B. Ms. Eileen Whalen RN, MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Colchester Avenue
 City Burlington State VT Zip Code 05401-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Vermont Health Network U Occupation President and Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22854679
 Amount of Each Receipt this Period
 500.00

C. Mr. Kenneth A Finch
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 6337
 City Fort Worth State TX Zip Code 76115-0337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Health Huguley Hospital Fort Wor Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862109
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Daniel P Neumeister CHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Tongass Drive
 City Sitka State AK Zip Code 99835-9416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEARHC MT. Edgumbe Hospital Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862335
 Amount of Each Receipt this Period
 500.00

B. Ms. Margaret D Sabin
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 7021
 City Colorado Springs State CO Zip Code 80933-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penrose-St. Francis Health Services Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862349
 Amount of Each Receipt this Period
 187.50

C. Ms. Toni Lawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5023 Rivervista Way
 City Boise State ID Zip Code 83714-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Idaho Hospital Association Occupation Vice President, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862368
 Amount of Each Receipt this Period
 315.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1002.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. David McFadyen

Mailing Address 2544 Teano

City State Zip Code
Meridian ID 83646-3268

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

Name of Employer Occupation
St. Luke's Health System Director, Quality & Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862369

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Jon Smith

Mailing Address 6303 Old Ranch Rd

City State Zip Code
Pocatello ID 83204-3841

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

Name of Employer Occupation
Caribou Memorial Hospital and Living C Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862370

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Dan Cochran

Mailing Address 1989 Anita Pl

City State Zip Code
Pocatello ID 83201-1945

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

Name of Employer Occupation
Bingham Memorial Hospital Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862371

Amount of Each Receipt this Period
220.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 720.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. B J Swanson

Mailing Address 1121 Lamb Road

City State Zip Code
Troy ID 83871-9619

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

Name of Employer Occupation
Gritman Medical Center Board Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862380

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Ms. Kara Besst

Mailing Address 700 South Main Street

City State Zip Code
Moscow ID 83843-3056

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

Name of Employer Occupation
Gritman Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862381

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Mr. David R Molmen

Mailing Address P O Box 6002

City State Zip Code
Grand Forks ND 58206-6002

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

Name of Employer Occupation
Altru Health System Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22862408

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 660.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Madeline Biondolillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Commonwealth Ave
 City Boston State MA Zip Code 02116-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Vice President, Health Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 22862526
 Amount of Each Receipt this Period
 350.00

B. Mr Dean Field
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1489
 City Gig Harbor State WA Zip Code 98335-3489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan Health System Occupation Vice President, Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 22862540
 Amount of Each Receipt this Period
 250.00

C. Mr. Rand J Wortman
 Full Name (Last, First, Middle Initial)
 Mailing Address 888 Swift Boulevard
 City Richland State WA Zip Code 99352-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kadlec Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 22862541
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr Joel Gilberston
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 Timber Creek Drive NW
 City Issaquah State WA Zip Code 98027-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health & Services Occupation Senior Vice President, Community Partn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 22862542
 Amount of Each Receipt this Period
 500.00

B. Mr. Dan Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Broadway Suite 600
 City Seattle State WA Zip Code 98122-5397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Health Services Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 22862543
 Amount of Each Receipt this Period
 750.00

c. Mr. Joseph A. Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2378 Orchard Crest Blvd.
 City Manasquan State NJ Zip Code 08736-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22862663
 Amount of Each Receipt this Period
 6.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1256.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 185
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 19047-2306

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

Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : 22862666

Amount of Each Receipt this Period **6.50**

B. Ms. Theresa L. Edelstein
Full Name (Last, First, Middle Initial)

Mailing Address 27 Harvest Lane

City Livingston State NJ Zip Code 07039-2750

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

Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **327.60**

Date of Receipt **12 / 11 / 2015**

Transaction ID : 22862671

Amount of Each Receipt this Period **6.50**

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

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : 22862674

Amount of Each Receipt this Period **6.50**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 185
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Timothy J. Keough
Full Name (Last, First, Middle Initial)

Mailing Address 23 Nelson Drive

City Barnegat State NJ Zip Code 08005-2174

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

Name of Employer New Jersey Hospital Association Occupation Vice President, Health Information Mgm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **318.50**

Date of Receipt **12 / 11 / 2015**
Transaction ID : **22862677**

Amount of Each Receipt this Period **162.50**

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

Mailing Address 10 Fox Chase Road

City Malvern State PA Zip Code 19355-3441

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

Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **560.30**

Date of Receipt **12 / 11 / 2015**
Transaction ID : **22862678**

Amount of Each Receipt this Period **6.50**

C. Ms. Kerry A. McKean-Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 40 Imlaystown Road

City East Windsor State NJ Zip Code 08520-6209

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

Name of Employer New Jersey Hospital Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : **22862679**

Amount of Each Receipt this Period **6.50**

SUBTOTAL of Receipts This Page (optional)..... ▶ **175.50**

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

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

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

FOR LINE NUMBER: PAGE 23 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City State Zip Code
Howell NJ 07731-1451

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

Name of Employer Occupation
New Jersey Hospital Association VP Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22862683

Amount of Each Receipt this Period
6.50

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

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22862684

Amount of Each Receipt this Period
6.50

Full Name (Last, First, Middle Initial)
C. Ms. Theresa J. Roark

Mailing Address 2644 Jennifer Drive

City State Zip Code
Jefferson City MO 65101-3997

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

Name of Employer Occupation
Missouri Hospital Association Senior Vice President, Data & Informat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 22863254

Amount of Each Receipt this Period
93.75

SUBTOTAL of Receipts This Page (optional)..... ▶ **106.75**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 100 Midway Road, Suite 21
Suite 21

City Cranston State RI Zip Code 02920-5742

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

Name of Employer Hospital Association of Rhode Island Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
12 / 10 / 2015
Transaction ID : 22863398

Amount of Each Receipt this Period
350.00

B. Ms. Patricia Jagoe
Full Name (Last, First, Middle Initial)

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Executive Director, Surgery Service Li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 11 / 2015
Transaction ID : 22864399

Amount of Each Receipt this Period
250.00

C. Ms. Donna M Megliola
Full Name (Last, First, Middle Initial)

Mailing Address 2 Brianwood Ln

City Granby State CT Zip Code 06035-2806

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

Name of Employer Johnson Memorial Medical Center Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 11 / 2015
Transaction ID : 22864401

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

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FOR LINE NUMBER: PAGE 25 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Karl Kamyk

Mailing Address 4 Fernwood Dr

City Wilbraham State MA Zip Code 01095-1504

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

Name of Employer Johnson Memorial Medical Center Occupation Assistant Vice President Ancillary Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864402

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Stuart E Rosenberg

Mailing Address 289 Hill St

City Bristol State CT Zip Code 06010-2955

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

Name of Employer Johnson Memorial Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864403

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Robert J. Falaguerra FASHE, CHF

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Vice President Facilities Support Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864418

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. John Rodis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City State Zip Code
 Hartford CT 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Francis Care, Inc. Director, Women & Infant Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864419
 Amount of Each Receipt this Period
 1000.00

B. Mr. John Skelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Brookwood Rd
 City State Zip Code
 Bedford NY 10506-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bridgeport Hospital Vice President, Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864420
 Amount of Each Receipt this Period
 1000.00

C. Dr. Adam R. Silverman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City State Zip Code
 Hartford CT 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Francis Hospital and Medical Cen Vice President for Ambulatory Strategy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864422
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 2500.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 27 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Jesse Kupec

Mailing Address 8 Ellridge Place

City State Zip Code
Ellington CT 06029-3633

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen President and CEO, St. Francis Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864423

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Dr. Michael Ivy MD

Mailing Address 267 Grant Street

City State Zip Code
Bridgeport CT 06610-2805

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

Name of Employer Occupation
Bridgeport Hospital Senior Vice President for Medical Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864424

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Christopher M Dadlez

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864471

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mrs. MaryEllen Kosturko RN, BSN, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Sterling Rdg
 City Shelton State CT Zip Code 06484-6141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeport Hospital Occupation Senior Vice President Patient Care Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864472
 Amount of Each Receipt this Period
 1000.00

B. Mr Stephen M Jakab
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Firehouse Rd
 City Trumbull State CT Zip Code 06611-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeport Hospital Occupation Vice President, Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864473
 Amount of Each Receipt this Period
 1000.00

C. Ms. Melissa Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Dialstone Lane
 City Riverside State CT Zip Code 06878-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeport Hospital Occupation Senior Vice President Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864474
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. William M Jennings		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2015 Transaction ID : 22864475
Mailing Address P O Box 5000		Amount of Each Receipt this Period 1000.00
City Bridgeport	State CT	Zip Code 06610-0120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bridgeport Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr Marc Brunetti		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2015 Transaction ID : 22864476
Mailing Address 473 Orange Ave		Amount of Each Receipt this Period 1000.00
City Milford	State CT	Zip Code 06461-2138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bridgeport Hospital	Occupation Vice President, Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ms Pamela Scagliarini		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2015 Transaction ID : 22864477
Mailing Address 18 Paddock Pl		Amount of Each Receipt this Period 1000.00
City Milford	State CT	Zip Code 06461-1749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bridgeport Hospital	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr. Ryan T O'Connell

Mailing Address 2516 Ridge Rd

City North Haven State CT Zip Code 06473-1218

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

Name of Employer Bridgeport Hospital Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864478

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ms. Mary Ann Hanley

Mailing Address 349 East Street

City Hebron State CT Zip Code 06248-1102

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Director, The Valencia Society

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864479

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Julie Taylor FACHE

Mailing Address P O Box 143889

City Anchorage State AK Zip Code 99514-3889

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

Name of Employer Alaska Regional Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 22864578

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John J. Brady III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Lynnbrook Road
 City Trumbull State CT Zip Code 06611-3308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Vice President, Business Development &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864599
 Amount of Each Receipt this Period
 500.00

B. Mr. Carl J. Schiessl
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 90
 City Wallingford State CT Zip Code 06492-0090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Director, Regulatory Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864601
 Amount of Each Receipt this Period
 350.00

C. Mr. Allan Pinard
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Barnes Road
 City Wallingford State CT Zip Code 06492-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Assistant Vice President, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864603
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Marie M Spivey
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Barnes Road
 City Wallingford State CT Zip Code 06492-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Vice President, Health Equity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864605
 Amount of Each Receipt this Period
 350.00

B. Ms. Michele R. Sharp
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Barnes Road
 City Wallingford State CT Zip Code 06492-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Director, Communications and Public Af
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864606
 Amount of Each Receipt this Period
 350.00

C. Mr. Christopher Hartley
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City Hartford State CT Zip Code 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Senior Vice President Planning and Fac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864607
 Amount of Each Receipt this Period
 500.00

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

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

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FOR LINE NUMBER: PAGE 33 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Janeanne Lubin-Szafranski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Chapel Street
 City New Haven State CT Zip Code 06511-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital of Saint Raphael Occupation Vice President and General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864608
 Amount of Each Receipt this Period
 500.00

B. Ms Lynn Rossini
 Full Name (Last, First, Middle Initial)
 Mailing Address 1782 Blvd
 City West Hartford State CT Zip Code 06107-2816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital and Medical Cen Occupation VP Saint Francis Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864609
 Amount of Each Receipt this Period
 250.00

C. Mr. David M. Bittner
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Nottingham Blvd
 City Unionville State CT Zip Code 06085-1185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Vice President, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864610
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James W. Schepker
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Mountain Terrace Road
 City West Hartford State CT Zip Code 06107-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Senior Vice President, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864627
 Amount of Each Receipt this Period
 250.00

B. Ms. Linda Shanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City Hartford State CT Zip Code 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Care, Inc. Occupation Vice President Chief Information Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864633
 Amount of Each Receipt this Period
 250.00

C. Mr. Vincent G. Capece Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Crescent Street
 City Middletown State CT Zip Code 06457-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middlesex Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864637
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kurt A Barwis FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 977
 City Bristol State CT Zip Code 06011-0977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864638
 Amount of Each Receipt this Period
 1000.00

B. Mr. James T. Stratton
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 Edinburgh Way
 City Jefferson City State MO Zip Code 65101-8288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SSM Health St. Mary's Hospital - Jeffe Occupation Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 22864663
 Amount of Each Receipt this Period
 250.00

C. Ms. Angela Ward RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Unser Blvd
 City Rio Rancho State NM Zip Code 87124-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Rust Medical Center Occupation Dir, Patient Care Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 22864676
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Patrick Brian Carrier
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 River Ranch Rd
 City Kingsland State TX Zip Code 78639-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS St. Vincent Regional Medical Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 22864677
 Amount of Each Receipt this Period
 500.00

B. Mr. Stephen W McKernan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Lomas Boulevard NE
 City Albuquerque State NM Zip Code 87106-2719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Hospitals Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 22864678
 Amount of Each Receipt this Period
 250.00

C. Mr. Richard Latuchie
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 6000
 City Rapid City State SD Zip Code 57709-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Health Occupation Vice President Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 22864705
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark R Stoddard
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 West 1500 North
 City Nephi State UT Zip Code 84648-8900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Valley Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 22865629
 Amount of Each Receipt this Period
 1000.00

B. Ms. Kris A Doody RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 Van Buren Road, Suite 1
 City Caribou State ME Zip Code 04736-3567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cary Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 22865656
 Amount of Each Receipt this Period
 500.00

C. Ms. Amy Andres
 Full Name (Last, First, Middle Initial)
 Mailing Address 6086 Flora Villa Dr.
 City Worthington State OH Zip Code 43085-3353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation Senior Vice President, Quality & Data
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865746
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Scott Borgemenke
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 East Broad Street
 City Columbus State OH Zip Code 43215-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation Senior Vice President, Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865752
 Amount of Each Receipt this Period
 625.00

B. Ms. Mary H Boosalis
 Full Name (Last, First, Middle Initial)
 Mailing Address One Wyoming Street
 City Dayton State OH Zip Code 45409-2722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Health Partners Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865763
 Amount of Each Receipt this Period
 1000.00

C. Ms. Holly L Bristoll
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 907
 City Fostoria State OH Zip Code 44830-0907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProMedica Fostoria Community Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865764
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Eloise Broner
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Philadelphia Drive

City Dayton State OH Zip Code 45406-1813

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

Name of Employer Good Samaritan Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865765

Amount of Each Receipt this Period
 500.00

B. Mr Jerry Clark
Full Name (Last, First, Middle Initial)

Mailing Address 1454 Country Wood Dr

City Dayton State OH Zip Code 45440-5001

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

Name of Employer Premier Health Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865767

Amount of Each Receipt this Period
 500.00

c. Mr. Keith T Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 272 Hospital Road

City Chillicothe State OH Zip Code 45601-9031

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

Name of Employer Mount Carmel Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865768

Amount of Each Receipt this Period
 300.00

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

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

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

FOR LINE NUMBER: PAGE 40 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Dale Creech

Mailing Address 1381 Quaker Way

City State Zip Code
Dayton OH 45458-2772

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

Name of Employer Occupation
Miami Valley Hospital Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865772

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Wayne G Deschambeau

Mailing Address 835 Sweitzer Street

City State Zip Code
Greenville OH 45331-1007

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

Name of Employer Occupation
Wayne Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865774

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Anita Hackstedde MD

Mailing Address 1995 East State Street

City State Zip Code
Salem OH 44460-2423

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865796

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathleen S Hanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Richards Road
 City Toledo State OH Zip Code 43607-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProMedica Flower Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865797
 Amount of Each Receipt this Period
 500.00

B. Mr. Richard Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12340 Bass Lake Road
 City Chardon State OH Zip Code 44024-8327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospitals Occupation President, Community Hospitals & Ambul
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865798
 Amount of Each Receipt this Period
 500.00

C. Mr Michael Jennings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 Eden Ave Unit 2A
 City Bellevue State KY Zip Code 41073-1170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christ Hospital Occupation Chief Clinical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865862
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Barbara Johnson

Mailing Address 1697 Big Bear Dr

City Washington Twp State OH Zip Code 45458-3692

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

Name of Employer Miami Valley Hospital Occupation Executive Vice President/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
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

City Cincinnati State OH Zip Code 45219-2906

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

Name of Employer Christ Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015
Transaction ID : 22865864

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Unhee Kim RN, MBA

Mailing Address 32480 N. Burr Oak Dr

City Solon State OH Zip Code 44139-5533

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

Name of Employer Mount Carmel Occupation President, St. Ann's Hospital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015
Transaction ID : 22865865

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Euthemy LeBrew

Mailing Address 4002 Winmar Circle

City Pittsburgh State PA Zip Code 15209-1141

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

Name of Employer University Hospitals Occupation System Vice President Revenue Cycle

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865870

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Tammy S Lundstrom MD, JD

Mailing Address 2417 Mallard Land Apt. 4

City Beavercreek State OH Zip Code 45431-3672

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

Name of Employer Providence - Providence Park Hospital, Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865877

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3130 North Dixie Highway

City Troy State OH Zip Code 45373-1337

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

Name of Employer Premier Health Partners Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865879

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Sean McKibben
Full Name (Last, First, Middle Initial)
Mailing Address 793 West State Street

City Columbus	State OH	Zip Code 43222-1551
------------------	-------------	------------------------

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

Name of Employer Mount Carmel	Occupation President and Chief Operating Officer
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : 22865881

Amount of Each Receipt this Period
250.00

B. Mr. Randall D Oostra FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 1801 Richards Road

City Toledo	State OH	Zip Code 43607-1037
----------------	-------------	------------------------

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

Name of Employer ProMedica Health System	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : 22865884

Amount of Each Receipt this Period
500.00

C. Mr. James R Pancoast
Full Name (Last, First, Middle Initial)
Mailing Address 40 West Fourth Street

City Dayton	State OH	Zip Code 45402-1840
----------------	-------------	------------------------

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

Name of Employer Premier Health Partners	Occupation President and Chief Operating Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : 22865885

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3130 North County Road 25A
 City State Zip Code
 Troy OH 45373-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Upper Valley Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865886
 Amount of Each Receipt this Period
 500.00

B. Ms. Barbara J Petee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Richards Road
 City State Zip Code
 Toledo OH 43607-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProMedica Herrick Hospital Chief Advocacy Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865888
 Amount of Each Receipt this Period
 250.00

C. Mr. Tim Rowell
 Full Name (Last, First, Middle Initial)
 Mailing Address 14915 Edgewater Dr
 City State Zip Code
 Lakewood OH 44107-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Cincinnati Medical Cente Director of Business Planning
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865892
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Alan Sattler

Mailing Address 5200 Harroun Road

City State Zip Code
Sylvania OH 43560-2168

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

Name of Employer Occupation
ProMedica Flower Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865894

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Mark S Shaker MHA

Mailing Address One Wyoming Street

City State Zip Code
Dayton OH 45409-2722

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

Name of Employer Occupation
Miami Valley Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865925

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Dr Richard J Streck , M.D.

Mailing Address 400 Wabash Avenue

City State Zip Code
Akron OH 44307-2433

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

Name of Employer Occupation
Akron General Medical Center Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865928

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 185
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1001 Bellefontaine Avenue

City State Zip Code
Lima OH 45804-2800

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

Name of Employer Occupation
Lima Memorial Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 08 / 2015
Transaction ID : 22865929

Amount of Each Receipt this Period
250.00

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

Mailing Address 2375 Springside Oval

City State Zip Code
Brecksville OH 44141-3358

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

Name of Employer Occupation
University Hospitals Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
12 / 08 / 2015
Transaction ID : 22865930

Amount of Each Receipt this Period
1250.00

C. Mr. Eugene A Thorn III
Full Name (Last, First, Middle Initial)

Mailing Address 659 Boulevard

City State Zip Code
Dover OH 44622-2077

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

Name of Employer Occupation
Union Hospital Vice President Finance and Chief Finan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 08 / 2015
Transaction ID : 22865932

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-2602

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

Name of Employer University Hospitals Case Medical Cent Occupation Vice President and Corporate Controlle

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 08 / 2015
Transaction ID : 22865935

Amount of Each Receipt this Period
250.00

B. Mr. Claus von Zychlin
Full Name (Last, First, Middle Initial)

Mailing Address 6136 Grey Friar Way

City Dublin State OH Zip Code 43017-8803

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

Name of Employer Mount Carmel Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 08 / 2015
Transaction ID : 22865936

Amount of Each Receipt this Period
500.00

C. Dr. Kevin C Webb PhD
Full Name (Last, First, Middle Initial)

Mailing Address 2142 North Cove Boulevard

City Toledo State OH Zip Code 43606-3895

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

Name of Employer ProMedica Toledo Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 08 / 2015
Transaction ID : 22865937

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William A Young Jr
Full Name (Last, First, Middle Initial)

Mailing Address 29000 Center Ridge Road

City Westlake State OH Zip Code 44145-5219

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

Name of Employer St. John Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 22865940

Amount of Each Receipt this Period
 500.00

B. Mr. Chad R. Austin
Full Name (Last, First, Middle Initial)

Mailing Address 6518 SW 26th Court

City Topeka State KS Zip Code 66614-4305

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

Name of Employer Kansas Hospital Association Occupation Sr. Vice President, Government Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 634.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 22868522

Amount of Each Receipt this Period
 76.92

C. Mr Larry D Botts MD
Full Name (Last, First, Middle Initial)

Mailing Address 3200 W 68th St

City Mission Hills State KS Zip Code 66208-2135

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

Name of Employer Shawnee Mission Medical Center Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 22868523

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1076.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Audrey Dunkel
 Mailing Address 215 SE 8th Street
 City State Zip Code
 Topeka KS 66603-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kansas Hospital Association Director of Financial Advocacy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 304.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 22868526
 Amount of Each Receipt this Period
 43.48

Full Name (Last, First, Middle Initial)
B. Mr. Steven Edgar
 Mailing Address 8430 N. Northridge Ct.
 City State Zip Code
 Wichita KS 67205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wesley Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 22868527
 Amount of Each Receipt this Period
 262.50

Full Name (Last, First, Middle Initial)
C. Mr. Steven Stites
 Mailing Address 5901 Belleview Ave.
 City State Zip Code
 Kansas City MO 64113-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Kansas Hospital, The Vice President Clinical Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 22868540
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **805.98**
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 51 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Tammy Peterman RN, MS

Mailing Address 3901 Rainbow Boulevard

City State Zip Code
Kansas City KS 66160-8500

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

Name of Employer Occupation
University of Kansas Hospital, The Executive Vice President, Chief Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015
Transaction ID : 22868541

Amount of Each Receipt this Period
500.00

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

Mailing Address 250 Hospital Place

City State Zip Code
Soldotna AK 99669-7559

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

Name of Employer Occupation
Central Peninsula General Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015
Transaction ID : 22868645

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Mr. James Bickel

Mailing Address 5060 Somerset Lane

City State Zip Code
Columbus IN 47201-3129

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

Name of Employer Occupation
Columbus Regional Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015
Transaction ID : 22868650

Amount of Each Receipt this Period
76.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1576.50

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

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

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

FOR LINE NUMBER: PAGE 52 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kristi L. Bledsoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 17367 N. S. R. 13
 City Elwood State IN Zip Code 46036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Frankfort Hospital Occupation Interim Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22868651
 Amount of Each Receipt this Period
 250.00

B. Mr. Bradford W Dykes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 West 16th Street
 City Bedford State IN Zip Code 47421-3510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University Health Bedford Hosp Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22868655
 Amount of Each Receipt this Period
 25.00

C. Mr Marc Golan
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 E. Superior Street #1302
 City Chicago State IL Zip Code 60611-2560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan Alliance Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22868656
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 53 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Craig C Kinyon

Mailing Address 3402 Deer Park Court

City Richmond State IN Zip Code 47374-7935

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

Name of Employer Reid Health Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22868658

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Martin Padgett

Mailing Address 1606 Fox Run Trail

City Jeffersonville State IN Zip Code 47130-8204

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

Name of Employer Clark Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
764.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22868662

Amount of Each Receipt this Period
264.50

Full Name (Last, First, Middle Initial)
C. Mr. Craig W Jones FACHE

Mailing Address 4000 Lincoln Boulevard

City Oklahoma City State OK Zip Code 73105-5207

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

Name of Employer Oklahoma Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22870546

Amount of Each Receipt this Period
2750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3514.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Lynne Stewart White
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Lincoln Boulevard
 City Oklahoma City State OK Zip Code 73105-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Hospital Association Occupation Director of Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22870547
 Amount of Each Receipt this Period
 500.00

B. Mr. Rick Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Lincoln Boulevard
 City Oklahoma City State OK Zip Code 73105-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Hospital Association Occupation Vice President, Finance & Information
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22870548
 Amount of Each Receipt this Period
 500.00

C. Ms. Mary Winters
 Full Name (Last, First, Middle Initial)
 Mailing Address 7750 N Chisholm Hill Rd
 City Yukon State OK Zip Code 73099-9134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Hospital Association Occupation VP Education & Support Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22870549
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. LaWanna S. Halstead RN, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Lincoln Boulevard
 City Oklahoma City State OK Zip Code 73105-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Hospital Association Occupation VP, Quality & Clinical Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22870550
 Amount of Each Receipt this Period
 250.00

B. Ms. Shelby Faust
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Lincoln Boulevard
 City Oklahoma City State OK Zip Code 73105-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Hospital Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 22870551
 Amount of Each Receipt this Period
 200.00

C. Dr. Ian Tucker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Chestnut Hill Road
 City Stafford Springs State CT Zip Code 06076-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johnson Memorial Medical Center Occupation Vice President Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 22871160
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Karen Buckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Christian's Crossing
 City Durham State CT Zip Code 06422-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Vice President Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 22871163
 Amount of Each Receipt this Period
 350.00

B. Mr. Javier Hernandez-Lichtl
 Full Name (Last, First, Middle Initial)
 Mailing Address 9555 SW 162nd Avenue
 City Miami State FL Zip Code 33196-6408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Kendall Baptist Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 22871190
 Amount of Each Receipt this Period
 1000.00

C. Dr. Richard O Davis PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5255 Loughboro Road NW
 City Washington State DC Zip Code 20016-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sibley Memorial Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871638
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Camille Rose Bash
 Full Name (Last, First, Middle Initial)
 Mailing Address 10959 Shadow Lane
 City Columbia State MD Zip Code 21044-3786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Community Hospital Occupation CFO/VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871667
 Amount of Each Receipt this Period
 187.00

B. Mr. Mark Boucot
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 North Fourth Street
 City Oakland State MD Zip Code 21550-1375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garrett County Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871668
 Amount of Each Receipt this Period
 255.00

C. Mrs. Elizabeth T Beaudin RN, PhD, N
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Day Street
 City Granby State CT Zip Code 06035-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Senior Director, Nursing, Health, and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871672
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 792.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Matthew L Anderson JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Vice President, Regulatory/Strategic A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 969.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871678
 Amount of Each Receipt this Period
 92.95

B. Dr. Ben Bache-Wiig MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East 28th Street
 City Minneapolis State MN Zip Code 55407-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abbott Northwestern Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871679
 Amount of Each Receipt this Period
 250.00

C. Mr. Lawrence J Massa
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue West, Suite
 City Saint Paul State MN Zip Code 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871687
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 842.95
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David A Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 2400 St Francis Drive

City Breckenridge State MN Zip Code 56520-1025

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

Name of Employer CHI St. Francis Health Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871689

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2550 University Avenue W. Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871690

Amount of Each Receipt this Period
 100.00

C. Ms. Mary J Ruyter
Full Name (Last, First, Middle Initial)

Mailing Address 1430 North Highway

City Jackson State MN Zip Code 56143-1093

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

Name of Employer Sanford Jackson Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 22871691

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jaime Pla MHA
Full Name (Last, First, Middle Initial)

Mailing Address Villa Nevarez Professional Center,
City San Juan State PR Zip Code 00927

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

Name of Employer Puerto Rico Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 19 / 2015
Transaction ID : 22871879

Amount of Each Receipt this Period
500.00

B. Ms. Cecelia F. Pelkey
Full Name (Last, First, Middle Initial)

Mailing Address 100 Midway Road, Suite 21
City Cranston State RI Zip Code 02920-5742

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

Name of Employer Hospital Association of Rhode Island Occupation Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
12 / 21 / 2015
Transaction ID : 22872141

Amount of Each Receipt this Period
350.00

C. Mr. Marc P. Blum
Full Name (Last, First, Middle Initial)

Mailing Address 2907 W. Strathmore Avenue
City Baltimore State MD Zip Code 21209-3810

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

Name of Employer LifeBridge Health Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
12 / 21 / 2015
Transaction ID : 22872202

Amount of Each Receipt this Period
1000.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr Sarah Wickenhagen DNP, APRN,

Mailing Address 999 3Rd Ave
Ste 100

City State Zip Code
Seattle WA 98104-4019

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

Name of Employer Occupation
Northwest Organization of Nurse Execut Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : 22872234

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Ketul J Patel

Mailing Address 1933 Dock Street

City State Zip Code
Tacoma WA 98402-3267

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

Name of Employer Occupation
CHI Franciscan Health System Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : 22872235

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Sarah Patterson

Mailing Address P O Box 900

City State Zip Code
Seattle WA 98111-0900

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

Name of Employer Occupation
Virginia Mason Medical Center Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1194.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : 22872236

Amount of Each Receipt this Period
194.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 944.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Lisa P Montgomery
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 Ashley Avenue
 City Charleston State SC Zip Code 29425-5836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Medical Center of Medical Univers Occupation Administrator Finance and Support Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872253
 Amount of Each Receipt this Period
 125.00

B. Mr. Tim Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Dry Brance Court
 City Greenwood State SC Zip Code 29649-2271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Regional Healthcare Occupation Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872256
 Amount of Each Receipt this Period
 250.00

C. Mr William Isenhower
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Brookfield Dr
 City Greenwood State SC Zip Code 29646-9237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Regional Healthcare Occupation Chief Medical Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872257
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William Keith
Full Name (Last, First, Middle Initial)
Mailing Address 2435 Forest Drive
City Columbia State SC Zip Code 29204-2098
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Regional Healthcare Occupation Senior Vice President, CAD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 21 / 2015
Transaction ID : 22872262
Amount of Each Receipt this Period
500.00

B. Dr. F Gregory Mappin MD
Full Name (Last, First, Middle Initial)
Mailing Address 1325 Spring Street
City Greenwood State SC Zip Code 29646-3860
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Regional Healthcare Occupation Vice President Medical Affairs and Chi
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 21 / 2015
Transaction ID : 22872263
Amount of Each Receipt this Period
250.00

C. Mr. James A Pfeiffer FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 1325 Spring Street
City Greenwood State SC Zip Code 29646-3860
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Regional Healthcare Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 21 / 2015
Transaction ID : 22872264
Amount of Each Receipt this Period
500.00

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

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

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

FOR LINE NUMBER: PAGE 64 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Craig White

Mailing Address 1325 Spring Street

City Greenwood State SC Zip Code 29646-3860

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

Name of Employer Self Regional Healthcare Occupation Vice President Corporate Compliance an

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872266

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Don Heinemann

Mailing Address 907 East Lamar Alexander Parkway

City Maryville State TN Zip Code 37804-5015

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

Name of Employer Blount Memorial Hospital Occupation Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872281

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Mr. Keith D Goodwin

Mailing Address P O Box 15010

City Knoxville State TN Zip Code 37901-5010

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

Name of Employer East Tennessee Children's Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872282

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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

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

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

FOR LINE NUMBER: PAGE 65 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Anthony Spezia

Mailing Address 100 Fort Sanders West Boulevard

City State Zip Code
Knoxville TN 37922-3353

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

Name of Employer Occupation
Covenant Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872284

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
B. Mr. Marc Overlock

Mailing Address 1818 Albion Street

City State Zip Code
Nashville TN 37208-2918

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

Name of Employer Occupation
Nashville General Hospital General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872302

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Mr. Barton A Hove

Mailing Address 1905 American Way

City State Zip Code
Kingsport TN 37660-5882

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

Name of Employer Occupation
Wellmont Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872305

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Scott Tongate

Mailing Address 326 Asbury Avenue

City Ripley State TN Zip Code 38063-5577

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

Name of Employer Occupation
Lauderdale Community Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
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 State TN Zip Code 37027-7525

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

Name of Employer Occupation
Tennessee Hospital Association Asst. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
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 State TN Zip Code 37027-7540

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

Name of Employer Occupation
Tennessee Hospital Association Senior Vice President, Center for Pati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.43

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : 22872309

Amount of Each Receipt this Period
100.03

SUBTOTAL of Receipts This Page (optional).....▶	1000.83
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael A. Dietrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Virginia Way
 City State Zip Code
 Brentwood TN 37027-7540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tennessee Hospital Association Assistant Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872311
 Amount of Each Receipt this Period
 100.03

B. Mr. James L. Goodloe
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Virginia Way
 City State Zip Code
 Brentwood TN 37027-7540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tennessee Hospital Association Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 332.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872312
 Amount of Each Receipt this Period
 100.03

C. Mr. Bill Jolley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Virginia Way
 City State Zip Code
 Brentwood TN 37027-7540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tennessee Hospital Association Vice-President-Rural Health Issues
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 22872313
 Amount of Each Receipt this Period
 100.03

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.09
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David Neiger
Full Name (Last, First, Middle Initial)

Mailing Address 5201 Virginia Way

City State Zip Code
Brentwood TN 37027-7540

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

Name of Employer Occupation
Tennessee Hospital Association VP Accounting/ Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : 22872316

Amount of Each Receipt this Period
72.00

B. Ms. Gwyn E Walters
Full Name (Last, First, Middle Initial)

Mailing Address 5201 Virginia Way

City State Zip Code
Brentwood TN 37027-7540

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

Name of Employer Occupation
Tennessee Hospital Association VP for Research and Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.43

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015
Transaction ID : 22872317

Amount of Each Receipt this Period
100.03

C. Mr. Eric Lunn
Full Name (Last, First, Middle Initial)

Mailing Address 96 Rivers Drive

City State Zip Code
Grand Forks ND 58201

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

Name of Employer Occupation
Altru Health System Chief Medical Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015
Transaction ID : 22872587

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 372.03

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

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

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

FOR LINE NUMBER: PAGE 69 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Marcus McKinney

Mailing Address 65 Quail Run

City State Zip Code
South Windsor CT 06074-2357

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen VP, Community Health Equity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015
Transaction ID : 22872607

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. David A. Whitehead

Mailing Address 112 Mansfield Avenue

City State Zip Code
Willimantic CT 06226-2045

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

Name of Employer Occupation
Windham Hospital President, Hartford HealthCare East Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015
Transaction ID : 22872608

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Bruce D Cummings

Mailing Address 901 Pequot Ave

City State Zip Code
New London CT 06320-4241

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

Name of Employer Occupation
Lawrence + Memorial Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015
Transaction ID : 22872609

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 70 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Jeff Austin

Mailing Address 33 Fuller Road

City State Zip Code
Augusta ME 04330-4910

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

Name of Employer Occupation
Maine Hospital Association Vice President Government Affairs and

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : 22872714

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Michael S Rose

Mailing Address P O Box 2014

City State Zip Code
Nashua NH 03061-2014

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

Name of Employer Occupation
Southern New Hampshire Medical Center Senior Vice President Finance and Chief

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : 22872786

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
c. Dr. Christopher Lehrach MD

Mailing Address 365 Montauk Avenue

City State Zip Code
New London CT 06320-4700

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

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**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : 22881555

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ► **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John Sackett
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 Medical Center Drive
 City State Zip Code
 Rockville MD 20850-3357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Shady Grove Adventist Hospital President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881561
 Amount of Each Receipt this Period
 204.00

B. Mr. Kenneth A Samet
 Full Name (Last, First, Middle Initial)
 Mailing Address 5565 Sterrett Place, 5th Floor
 City State Zip Code
 Columbia MD 21044-2665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MedStar Health President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881562
 Amount of Each Receipt this Period
 255.00

C. Ms. Christine R. Wray
 Full Name (Last, First, Middle Initial)
 Mailing Address 22302 Bretmar Drive
 City State Zip Code
 Leonardtown MD 20650-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MedStar Southern Maryland Hospital Cen President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1190.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881563
 Amount of Each Receipt this Period
 680.00

SUBTOTAL of Receipts This Page (optional).....▶	1139.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas A, Kleinhanzl
Full Name (Last, First, Middle Initial)

Mailing Address 4306 Saratoga Springs Court

City Middletown State MD Zip Code 21769-8110

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

Name of Employer Frederick Memorial Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **12 / 29 / 2015**

Transaction ID : 22881564

Amount of Each Receipt this Period **85.00**

B. Ms. Christine Swearingen
Full Name (Last, First, Middle Initial)

Mailing Address 3022 Chestnut Street, NW

City Washington State DC Zip Code 20015-1408

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

Name of Employer MedStar Health Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **12 / 29 / 2015**

Transaction ID : 22881565

Amount of Each Receipt this Period **255.00**

c. Mary Joy Drass-Maxwell M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2065 Water Mark Place

City Potomac Falls State VA Zip Code 20165

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

Name of Employer MedStar Health Occupation Executive Vice President-Washington Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **12 / 29 / 2015**

Transaction ID : 22881566

Amount of Each Receipt this Period **255.00**

SUBTOTAL of Receipts This Page (optional).....▶	595.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 73 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Arthur A Ushijima FACHE

Mailing Address 1301 Punchbowl Street

City State Zip Code
Honolulu HI 96813-2402

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

Name of Employer Occupation
Queen's Medical Center President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881568

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Martha Nathanson

Mailing Address 6230 Woodcrest Avenue

City State Zip Code
Baltimore MD 21209-3935

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

Name of Employer Occupation
LifeBridge Health Vice President Government and Communit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881569

Amount of Each Receipt this Period
255.00

Full Name (Last, First, Middle Initial)
C. Dr Maureen McCausland DNSc, RN,

Mailing Address 2378 Adam David Way

City State Zip Code
Marriottsville MD 21104-1478

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

Name of Employer Occupation
MedStar Health Sr. Vice President and Chief Nursing O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881573

Amount of Each Receipt this Period
255.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1010.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Jeffrey P DiLisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1861 Amberwood Manor
 City State Zip Code
 Vienna VA 22182-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Hospital Center - Arlington Vice President and Chief Medical Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881575
 Amount of Each Receipt this Period
 350.00

B. Ms. Lynn Ingram Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 388 Weybridge St
 City State Zip Code
 Middlebury VT 05753-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Porter Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881584
 Amount of Each Receipt this Period
 350.00

C. Dr. Ronald DiSimone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 Spook Hollow Road
 City State Zip Code
 Cogan Station PA 17728-9756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Susquehanna Health Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881590
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 75 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Elliot T Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address One State Street, 19th Floor
 City Hartford State CT Zip Code 06103-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford HealthCare Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881591
 Amount of Each Receipt this Period
 1000.00

B. Mr. Lester K Diamond
 Full Name (Last, First, Middle Initial)
 Mailing Address 969 Lakeland Drive
 City Jackson State MS Zip Code 39216-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Dominic-Jackson Memorial Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881605
 Amount of Each Receipt this Period
 250.00

C. Mr. Richard Grimes
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Woodgreen Crossing
 City Madison State MS Zip Code 39110-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Hospital Association Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881608
 Amount of Each Receipt this Period
 29.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 1279.16
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Claude W Harbarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 969 Lakeland Drive
 City Jackson State MS Zip Code 39216-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Dominic-Jackson Memorial Hospital Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881609
 Amount of Each Receipt this Period
 500.00

B. Mr. Richard G Hilton
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1506
 City Starkville State MS Zip Code 39760-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCH Regional Medical Center Occupation Administrator and Chief Executive Offi
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881611
 Amount of Each Receipt this Period
 200.00

C. Mr. Steve Lesley
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Woodgreen Crossing
 City Madison State MS Zip Code 39130-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Hospital Association Occupation Director of Data Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 247.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881613
 Amount of Each Receipt this Period
 46.48

SUBTOTAL of Receipts This Page (optional).....	746.48
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 77 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Julie McNeese

Mailing Address 116 Woodgreen Crossing

City State Zip Code
Madison MS 39110-4522

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

Name of Employer Occupation
Mississippi Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881620

Amount of Each Receipt this Period
42.00

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

Mailing Address 6051 U S Highway 49

City State Zip Code
Hattiesburg MS 39401-7200

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

Name of Employer Occupation
Forrest General Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881623

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Lawrence M. Riddles MD

Mailing Address 969 Lakeland Drive

City State Zip Code
Jackson MS 39216-4606

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

Name of Employer Occupation
St. Dominic-Jackson Memorial Hospital Executive VP, Medical Affairs & Qualit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881625

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 792.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Brian Brezosky
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 436620

City Louisville State KY Zip Code 40253-6620

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

Name of Employer Kentucky Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 29 / 2015
Transaction ID : 22881637

Amount of Each Receipt this Period
500.00

B. Ms. Elizabeth G. Cobb
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 436629

City Louisville State KY Zip Code 40205-3033

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

Name of Employer Kentucky Hospital Association Occupation Director of Health Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 29 / 2015
Transaction ID : 22881638

Amount of Each Receipt this Period
500.00

C. Ms. Kim J. Dees
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Nelson Miller Parkway Post Office Box 436629

City Louisville State KY Zip Code 40223-2221

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

Name of Employer Kentucky Hospital Association Occupation Executive Dir, Center for Health Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 29 / 2015
Transaction ID : 22881639

Amount of Each Receipt this Period
500.00

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

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

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

FOR LINE NUMBER: PAGE 79 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Nancy C. Galvagni
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nelson Miller Parkway
 City Louisville State KY Zip Code 40223-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881640
 Amount of Each Receipt this Period
 500.00

B. Mr. Stephen P. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Cardinal Drive
 City Louisville State KY Zip Code 40253-6629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881642
 Amount of Each Receipt this Period
 500.00

C. Ms. Sarah S. Nicholson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nelson Miller Parkway
 City Louisville State KY Zip Code 40223-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881644
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Debbie Riley
Full Name (Last, First, Middle Initial)
Mailing Address 502 Trotwood Place
City Louisville State KY Zip Code 40245-4071
FEC ID number of contributing federal political committee. **C**
Name of Employer Kentucky Hospital Association Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015
Transaction ID : 22881646
Amount of Each Receipt this Period
500.00

B. Ms. Carol J. Walters
Full Name (Last, First, Middle Initial)
Mailing Address Post Office Box 436629
City Louisville State KY Zip Code 40253-6629
FEC ID number of contributing federal political committee. **C**
Name of Employer Kentucky Hospital Association Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015
Transaction ID : 22881647
Amount of Each Receipt this Period
500.00

C. Mr. Charles J. Warnick
Full Name (Last, First, Middle Initial)
Mailing Address 120 Hilltop Meadow
City Frankfort State KY Zip Code 46001
FEC ID number of contributing federal political committee. **C**
Name of Employer Kentucky Hospital Association Occupation Director of Planning
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015
Transaction ID : 22881648
Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Cynthia Blair		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 22881669
Mailing Address 7935 Preservation Road		Amount of Each Receipt this Period 250.00
City Tallahassee	State FL	Zip Code 32312-6766
FEC ID number of contributing federal political committee. C		
Name of Employer Tallahassee Memorial HealthCare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms Lourdes Boue		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 22881670
Mailing Address 5200 NE Second Avenue		Amount of Each Receipt this Period 250.00
City Miami	State FL	Zip Code 33137-2706
FEC ID number of contributing federal political committee. C		
Name of Employer Miami Jewish Home and Hospital for Age	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Albert Boulenger		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 22881671
Mailing Address 8900 North Kendall Drive		Amount of Each Receipt this Period 1000.00
City Miami	State FL	Zip Code 33176-2118
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Hospital of Miami	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 82 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Sheryl Dodds

Mailing Address 10602 Woodchase Circle

City State Zip Code
Orlando FL 32836-5885

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

Name of Employer Occupation
Florida Hospital Chief Clinical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 22881673

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. William A Giudice

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5093

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

Name of Employer Occupation
Tallahassee Memorial HealthCare Vice President and Chief Financial Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 22881675

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Denise H. Harris RN, MSN, M

Mailing Address 9567 SW 59th Terrace

City State Zip Code
Miami FL 33173-1512

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

Name of Employer Occupation
West Kendall Baptist Hospital Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 22881677

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 83 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Javier Hernandez-Lichtl

Mailing Address 9555 SW 162nd Avenue

City State Zip Code
Miami FL 33196-6408

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

Name of Employer Occupation
West Kendall Baptist Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881678

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5054

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

Name of Employer Occupation
Tallahassee Memorial HealthCare Vice President and Chief Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881679

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr Barry Katzen

Mailing Address 1125 San Pedro Ave

City State Zip Code
Coral Gables FL 33156-6343

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

Name of Employer Occupation
Baptist Health South Florida Senior Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881680

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 84 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Becky Montesino

Mailing Address 8900 N Kendall Dr

City Miami State FL Zip Code 33176-2118

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

Name of Employer Baptist Hospital of Miami Occupation Vice President and Chief Nursing Office

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881682

Amount of Each Receipt this Period
1000.00

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

Mailing Address 900 Riggins Rd Apt 724

City Tallahassee State FL Zip Code 32308-2220

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

Name of Employer Tallahassee Memorial HealthCare Occupation Chief HR Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881683

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Ed Noseworthy

Mailing Address 1055 Saxon Boulevard

City Orange City State FL Zip Code 32763-8468

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

Name of Employer Florida Hospital Fish Memorial Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881684

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 85 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. G. Mark O'Bryant

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5054

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

Name of Employer Occupation
Tallahassee Memorial HealthCare President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881685

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ms. Phillis Oeters

Mailing Address 6855 Red Road, Suite 600

City State Zip Code
Miami FL 33143-3632

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

Name of Employer Occupation
Baptist Health South Florida Corporate Vice President Government an

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881686

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Daryl Tol

Mailing Address 301 Memorial Medical Parkway

City State Zip Code
Daytona Beach FL 32117-5167

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

Name of Employer Occupation
Florida Hospital Memorial Medical Cent Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881687

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Carol H Burrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 743 Spring Street NE
 City Gainesville State GA Zip Code 30501-3715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Georgia Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881718
 Amount of Each Receipt this Period
500.00

B. Ms. Jessica Y Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 North Seventh Street
 City Cordele State GA Zip Code 31015-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crisp Regional Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881719
 Amount of Each Receipt this Period
500.00

C. Mr. John M Hauptert FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 26189
 City Atlanta State GA Zip Code 30303-0004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grady Memorial Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881724
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1838 Ravenwood Way

City Atlanta State GA Zip Code 30329-2723

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

Name of Employer Georgia Hospital Association Occupation Vice President of Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1202.00

Date of Receipt 12 / 30 / 2015
Transaction ID : 22881727

Amount of Each Receipt this Period 2.00

B. Mr. Reynold J Jennings
Full Name (Last, First, Middle Initial)

Mailing Address 805 Sandy Plains Road

City Marietta State GA Zip Code 30066-6340

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

Name of Employer WellStar Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2015
Transaction ID : 22881728

Amount of Each Receipt this Period 250.00

C. Ms. Shelvia A Koontz
Full Name (Last, First, Middle Initial)

Mailing Address 100 Bridle Path

City Cordele State GA Zip Code 31015-9154

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

Name of Employer Crisp Regional Hospital Occupation Medical Imaging Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : 22881729

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 752.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Mary Jim Montgomery RN, MSN, M
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 27697
 City Panama City State FL Zip Code 32411-7697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crisp Regional Hospital Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881732
 Amount of Each Receipt this Period
 500.00

B. Mr. Leo Reichert
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Sandy Plains Road
 City Marietta State GA Zip Code 30066-6340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellStar Health System Occupation Executive Vice President and General C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881736
 Amount of Each Receipt this Period
 250.00

C. Mr. Wayne Senfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 327 Kramer Street
 City Carrollton State GA Zip Code 30117-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tanner Health System Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881739
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 89 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Kurt Stuenkel FACHE

Mailing Address P O Box 233

City State Zip Code
Rome GA 30162-0233

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

Name of Employer Occupation
Floyd Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881741

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Peggy L Abbott

Mailing Address P O Box 797

City State Zip Code
Camden AR 71711-0797

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

Name of Employer Occupation
Ouachita County Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881744

Amount of Each Receipt this Period
325.00

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

Mailing Address 225 East Jackson Avenue

City State Zip Code
Jonesboro AR 72401-3119

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

Name of Employer Occupation
St. Bernards Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881745

Amount of Each Receipt this Period
227.50

SUBTOTAL of Receipts This Page (optional)..... ► 802.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Gary Bebow FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2197

City Batesville State AR Zip Code 72503-2197

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

Name of Employer White River Medical Center Occupation Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt
12 / 28 / 2015
Transaction ID : 22881746

Amount of Each Receipt this Period
227.50

B. Ms. Pamela R. Brown RN BSN CPH
Full Name (Last, First, Middle Initial)

Mailing Address 419 Natural Resources Drive

City Little Rock State AR Zip Code 72205-1576

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

Name of Employer Arkansas Hospital Association Occupation VP of Quality and Patient Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 28 / 2015
Transaction ID : 22881747

Amount of Each Receipt this Period
260.00

C. Mr. Lee Gentry FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 9601 Interstate 630, Exit 7

City Little Rock State AR Zip Code 72205-7202

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

Name of Employer Baptist Health Rehabilitation Institut Occupation Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt
12 / 28 / 2015
Transaction ID : 22881749

Amount of Each Receipt this Period
227.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Rex Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 South Bradley Street
 City Warren State AR Zip Code 71671-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bradley County Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881752
 Amount of Each Receipt this Period
 227.50

B. Mr. Edward L Lacy FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Bypass Road
 City Heber Springs State AR Zip Code 72543-9135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Medical Center-Heber Sp Occupation Vice President and Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881755
 Amount of Each Receipt this Period
 227.50

C. Mr Corbet J Lamkin
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 797
 City Camden State AR Zip Code 71711-0797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ouachita County Medical Center Occupation Chairman of the Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881756
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 92 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1206 Gordon Duckworth Drive

City State Zip Code
Piggott AR 72454-1911

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

Name of Employer Occupation
Piggott Community Hospital Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881758

Amount of Each Receipt this Period
227.50

Full Name (Last, First, Middle Initial)
B. Mr. Raymond W Montgomery II FACHE

Mailing Address 3214 East Race Avenue

City State Zip Code
Searcy AR 72143-4810

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

Name of Employer Occupation
Unity Health White County Medical Cent President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881759

Amount of Each Receipt this Period
325.00

Full Name (Last, First, Middle Initial)
C. Ms. Elisa M White

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Occupation
Arkansas Hospital Association Vice President and Legal Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881763

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 877.50

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

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

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FOR LINE NUMBER: PAGE 93 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Steven Douglas Weeks FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9601 Interstate 630, Exit 7
 City Little Rock State AR Zip Code 72205-7202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Medical Center-Little R Occupation Senior Vice President and Administrato
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22881791
 Amount of Each Receipt this Period
 325.00

B. Ms Rena Dickerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 North Seventh Street
 City Cordele State GA Zip Code 31015-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crisp Regional Hospital Occupation Nursing Home Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881838
 Amount of Each Receipt this Period
 500.00

C. Ms. Michelle Hartin
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 North Seventh Street
 City Cordele State GA Zip Code 31015-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crisp Regional Hospital Occupation HIM Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881840
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1325.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 94 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mitch Hiers
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 North Seventh Street
 City Cordele State GA Zip Code 31015-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Crisp Regional Hospital Director, Information Systems
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881841
 Amount of Each Receipt this Period
 500.00

B. Mr. Dave Kicker
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 North Seventh Street
 City Cordele State GA Zip Code 31015-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Crisp Regional Hospital Director of Professional Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881843
 Amount of Each Receipt this Period
 500.00

C. Ms Laura Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 North Seventh Street
 City Cordele State GA Zip Code 31015-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Crisp Regional Hospital Director of Community Relations & Volu
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881844
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 95 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Rob Thorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 North Seventh Street
 City State Zip Code
 Cordele GA 31015-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Crisp Regional Hospital Human Resource Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22881845
 Amount of Each Receipt this Period
 500.00

B. Mr. Neil Hilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Warren Avenue
 Post Office Box 249
 City State Zip Code
 Cheyenne WY 82001-3725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wyoming Hospital Association Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881847
 Amount of Each Receipt this Period
 350.00

C. Ms. Robin Roling
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 East Arapahoe Street
 City State Zip Code
 Thermopolis WY 82443-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hot Springs County Memorial Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881848
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 96 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Keith Murphy

Mailing Address 514 Hundred Acre Rd.

City State Zip Code
Orange CT 06477-3705

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

Name of Employer Occupation
Yale-New Haven Hospital Director, Strategic Sourcing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22881854

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms Theresa Boyle

Mailing Address 315 Martin Luther King Jr Way

City State Zip Code
Tacoma WA 98405-4234

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

Name of Employer Occupation
MultiCare Health System Senior Vice President, Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22881856

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Dr. Joseph Wright

Mailing Address 111 Michigan Avenue NW

City State Zip Code
Washington DC 20010-2916

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

Name of Employer Occupation
Howard University Hospital Chief of Pediatrics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22889087

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00

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

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

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FOR LINE NUMBER: PAGE 97 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Carlos Milanes
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 University Parkway
 City State Zip Code
 Aiken SC 29801-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edgefield County Hospital Chief Executive Officer and Managing D
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22889694
 Amount of Each Receipt this Period
 1000.00

B. Dr. Richard Foster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Center Point Road
 City State Zip Code
 Columbia SC 29210-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Carolina Hospital Association Sr. Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22889697
 Amount of Each Receipt this Period
 250.00

C. Ms. Lara E. Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Center Point Road
 City State Zip Code
 Columbia SC 29210-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Carolina Hospital Association Director, Education Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22889709
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1458.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. J Thornton Kirby

Mailing Address 1000 Center Point Road

City Columbia State SC Zip Code 29210-5802

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

Name of Employer South Carolina Hospital Association Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22889710

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ms. Sherry A. Kolb RN

Mailing Address 844 Grimble Street

City Sumter State SC Zip Code 29150-5920

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

Name of Employer South Carolina Hospital Association Occupation Director, Staffing Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22889711

Amount of Each Receipt this Period
250.25

Full Name (Last, First, Middle Initial)
C. Ms. Patti Smoake

Mailing Address 1000 Center Point Road

City Columbia State SC Zip Code 29210-5802

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

Name of Employer South Carolina Hospital Association Occupation VP, Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22889712

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.25

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Allan Stalvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Gregg Street
 City Columbia State SC Zip Code 29201-3913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Carolina Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890306
 Amount of Each Receipt this Period
 1560.00

B. Ms. Jeanne L Ward FACHE, EdD
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Memorial Drive
 City Seneca State SC Zip Code 29672-9499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oconee Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890307
 Amount of Each Receipt this Period
 250.00

C. James R Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Center Point Rd
 City Columbia State SC Zip Code 29210-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Carolina Hospital Association Occupation Senior Vice President, Regulatory & Wo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890308
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2110.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John A Miller Jr FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Spring Back Way
 City Anderson State SC Zip Code 29621-2676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AnMed Health Medical Center Occupation Interim Director, AnMed Health Foundat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890309
 Amount of Each Receipt this Period
 500.00

B. Mr. Richard E D'Alberto FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Drawer 976
 City Clinton State SC Zip Code 29325-0976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Health System - Laurens Cou Occupation Campus President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890310
 Amount of Each Receipt this Period
 500.00

C. Mr. Richard Kirk Toomey DHA, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 955 Ribaut Road
 City Beaufort State SC Zip Code 29902-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaufort Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890311
 Amount of Each Receipt this Period
 500.00

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William T Manson III
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 North Fant Street
 City Anderson State SC Zip Code 29621-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AnMed Health Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890312
 Amount of Each Receipt this Period
 1250.00

B. Mr. Thomas C Dandridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 St Matthews Road
 City Orangeburg State SC Zip Code 29118-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890313
 Amount of Each Receipt this Period
 500.00

C. Dr. Patrick J Cawley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 Ashley Avenue
 City Charleston State SC Zip Code 29425-5836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Medical Center of Medical Unvers Occupation Chief Executive Officer and Vice Presi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890314
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David L. Dunlap FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Doughty Street
 Suite 760
 City Charleston State SC Zip Code 29403-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Francis Xavier Hospita Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890315
 Amount of Each Receipt this Period
750.00

B. Mr. Matthew J Severance FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Calhoun Street
 City Charleston State SC Zip Code 29401-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890316
 Amount of Each Receipt this Period
500.00

C. Mr. Allen P Carroll
 Full Name (Last, First, Middle Initial)
 Mailing Address 1338 Chrismill Lane
 City Charleston State SC Zip Code 29429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Francis Xavier Hospita Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890317
 Amount of Each Receipt this Period
500.00

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark S Nantz FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address One St Francis Drive
 City Greenville State SC Zip Code 29601-3999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Francis Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890318
 Amount of Each Receipt this Period
 500.00

B. Mr. Charles D Beaman Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2266
 City Columbia State SC Zip Code 29202-2266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palmetto Health Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890319
 Amount of Each Receipt this Period
 500.00

C. Mr. James A Pfeiffer FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Spring Street
 City Greenwood State SC Zip Code 29646-3860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Regional Healthcare Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 22890320
 Amount of Each Receipt this Period
 500.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Dean M Harrison

Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

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

Name of Employer Occupation
Northwestern Memorial Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 22890719

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Mr. Michael S Eesley

Mailing Address P O Box 1990

City State Zip Code
Woodstock IL 60098-1990

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

Name of Employer Occupation
Centegra Hospital - Woodstock Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 22890720

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
c. Ms Denise Brady

Mailing Address 4725 Montgomery Ave

City State Zip Code
Downers Grove IL 60515-3423

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

Name of Employer Occupation
Advocate Health Care Chief HR & Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 22890721

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Vincent Bufalino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2025 Windsor Drive
 City State Zip Code
 Oak Brook IL 60523-1586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advocate Health Care Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890722
 Amount of Each Receipt this Period
 500.00

B. Mr. Robert Christie
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 East Huron Street
 City State Zip Code
 Chicago IL 60611-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Memorial Hospital Vice President Government and Legislat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890723
 Amount of Each Receipt this Period
 500.00

C. Mr. Brian J Lemon
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 North Winfield Road
 City State Zip Code
 Winfield IL 60190-1295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central DuPage Hospital President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890724
 Amount of Each Receipt this Period
 500.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas Lubotsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 Cumberland Circle
 City Long Grove State IL Zip Code 60047-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Health Care Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890725
 Amount of Each Receipt this Period
 500.00

B. Mr. Martin Manning
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Mary Kay Lane
 City Glenview State IL Zip Code 60026-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Health Care Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890726
 Amount of Each Receipt this Period
 500.00

C. Mr. Thomas J McAfee
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 North Westmoreland Road
 City Lake Forest State IL Zip Code 60045-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Lake Forest Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890727
 Amount of Each Receipt this Period
 500.00

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Andrew Scianimanico

Mailing Address 2218 Kings Ct

City State Zip Code
Geneva IL 60134-4329

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

Name of Employer Occupation
Northwestern Memorial Hospital Director of Revenue Cycle

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890733

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Julie Lehr Creamer

Mailing Address 3527 Illinois Road

City State Zip Code
Wilmette IL 60091-1011

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

Name of Employer Occupation
Northwestern Memorial Hospital Vice President, Operations and Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890734

Amount of Each Receipt this Period
375.00

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

Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

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

Name of Employer Occupation
Northwestern Memorial Healthcare Senior Vice President and General Coun

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890735

Amount of Each Receipt this Period
375.00

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

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Elizabeth Rosenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 772 North Main Street
 City State Zip Code
 Glen Ellyn IL 60137-3942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cadence Health Executive Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890736
 Amount of Each Receipt this Period
 375.00

B. Mr Serdar Bulun
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 East Huron Street
 City State Zip Code
 Chicago IL 60611-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Memorial Healthcare Department Chair, OBGYN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890737
 Amount of Each Receipt this Period
 250.00

C. Ms Jill Chandor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2232 Walters Ave
 City State Zip Code
 NORTHBROOK IL 60062-4530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Memorial Healthcare Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890738
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Mark Daniels MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Randall Road
 City State Zip Code
 Geneva IL 60134-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Delnor Hospital Vice President Physician Enterprise
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890739
 Amount of Each Receipt this Period
 250.00

B. Mr. Bruce M Elegant
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 South Maple Avenue
 City State Zip Code
 Oak Park IL 60304-1097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rush Oak Park Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890740
 Amount of Each Receipt this Period
 250.00

C. Mr. Matthew J Flynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 North Westmoreland Road
 City State Zip Code
 Lake Forest IL 60045-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Lake Forest Hospital Senior Vice President and Chief Financ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890741
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. William Kistner		Date of Receipt 12 / 28 / 2015 Transaction ID : 22890811
Mailing Address 912 S. Morgan Street		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60607-4219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Memorial Hospital	Occupation Vice President, Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr Jeff Kopin		Date of Receipt 12 / 28 / 2015 Transaction ID : 22890812
Mailing Address 150 Cary Ave		Amount of Each Receipt this Period 250.00
City Highland Park	State IL	Zip Code 60035-4702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Memorial Hospital	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Karen Mayer		Date of Receipt 12 / 28 / 2015 Transaction ID : 22890813
Mailing Address 915 Windsor Rd.		Amount of Each Receipt this Period 250.00
City Glenview	State IL	Zip Code 60025-3130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rush Oak Park Hospital	Occupation Senior Vice President Patient Care Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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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 State Zip Code
Chicago IL 60611-2908

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

Name of Employer Occupation
Northwestern Memorial Hospital Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890814

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Kevin Most DO

Mailing Address 25 North Winfield Road

City State Zip Code
Winfield IL 60190-1295

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

Name of Employer Occupation
Central DuPage Hospital Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890815

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Marsha Oberrieder

Mailing Address 275 Noble Circle

City State Zip Code
Vernon Hills IL 60061

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

Name of Employer Occupation
Northwestern Lake Forest Hospital Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890816

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 112 OF 185
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Nick Rave

Mailing Address 1525 N. Clyburn
Unit B

City Chicago State IL Zip Code 60610-2483

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

Name of Employer Northwestern Memorial Healthcare Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890817

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Phillip Roemer

Mailing Address 251 East Huron Street

City Chicago State IL Zip Code 60611-2908

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

Name of Employer Northwestern Memorial Healthcare Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890818

Amount of Each Receipt this Period
250.00

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

Mailing Address 535 Waubensee Trail

City Batavia State IL Zip Code 60510-1242

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

Name of Employer Cadence Health Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890819

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 113 OF 185
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Marjorie A Maurer MSN, RN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 6818 Ticonderoga Rd
 City Downers Grove State IL Zip Code 60516-3108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Good Samaritan Hospital Occupation Vice President Operations, Patient Car
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 22890824
 Amount of Each Receipt this Period
 150.00

B. Mr. Rick Schroeder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Lane 12
 City Lovell State WY Zip Code 82431-9537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Big Horn Hospital District Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22890934
 Amount of Each Receipt this Period
 175.00

C. Mr. Eric Boley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Warren Avenue
 City Cheyenne State WY Zip Code 82001-3725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wyoming Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22890935
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 114 OF 185
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Gerard D Klein

Mailing Address P O Box 1359

City State Zip Code
Rock Springs WY 82902-1359

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

Name of Employer Occupation
Memorial Hospital of Sweetwater County Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22890936

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. Ms. Vickie L Diamond RN, MS

Mailing Address 1233 East Second Street

City State Zip Code
Casper WY 82601-2926

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

Name of Employer Occupation
Wyoming Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22890937

Amount of Each Receipt this Period
500.00

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

Mailing Address 707 Sheridan Avenue

City State Zip Code
Cody WY 82414-3409

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

Name of Employer Occupation
West Park Hospital Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22890938

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Janet Sternberg

Mailing Address 1233 East Second Street

City Casper State WY Zip Code 82601-2926

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

Name of Employer Wyoming Medical Center Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 22890939

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Shelby Nelson

Mailing Address P O Box 848

City Wheatland State WY Zip Code 82201-0848

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

Name of Employer Platte County Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 22890943

Amount of Each Receipt this Period
175.00

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

Mailing Address P O Box 579

City Afton State WY Zip Code 83110-0579

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

Name of Employer Star Valley Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 22890944

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Doug Faus FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 North 30th Street
 City Laramie State WY Zip Code 82072-5140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ivinson Memorial Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22890945
 Amount of Each Receipt this Period
 175.00

B. Mr. Ryan K Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1450
 City Douglas State WY Zip Code 82633-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital of Converse County Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22890946
 Amount of Each Receipt this Period
 500.00

C. Mr. Terry W Andrus
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Pepperell Parkway
 City Opelika State AL Zip Code 36801-5452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890963
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1675.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Gregory A. Nichols CHFM
 Full Name (Last, First, Middle Initial)
 Mailing Address 22136 Veterans Memorial Pkwy
 City Lafayette State AL Zip Code 36862-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Assistant Vice President, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890964
 Amount of Each Receipt this Period
 1000.00

B. Ms. Laura D Grill BSN, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1726 Altamont Ct
 City Auburn State AL Zip Code 36830-2181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Executive Vice President and Administr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890965
 Amount of Each Receipt this Period
 1000.00

C. Ms. Susan Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 Heritage Dr
 City Opelika State AL Zip Code 36804-7606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Asst. Vice President Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890966
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bruce Zartman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1820 Coopers Pound Rd
 City Auburn State AL Zip Code 36830-7278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890967
 Amount of Each Receipt this Period
 1000.00

B. Ms. LeAnne Moran
 Full Name (Last, First, Middle Initial)
 Mailing Address 6451 Rock Spring Rd
 City Jacksons Gap State AL Zip Code 36861-4534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Assistant Vice President/Revenue Cycle
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890977
 Amount of Each Receipt this Period
 1000.00

C. Ms. Laura W. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8897 Tara Lane
 City Auburn State AL Zip Code 36830-8247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Asst. Vice President/ Quality Manageme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890978
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 119 OF 185
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mrs. Roben H Nutter MBA, CPHQ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Pepperell Parkway
 City State Zip Code
 Opelika AL 36801-5452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center Assistant Vice President and General C
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890979
 Amount of Each Receipt this Period
 1000.00

B. Mr Brett Scullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 Highpoint Dr
 City State Zip Code
 Opelika AL 36801-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890980
 Amount of Each Receipt this Period
 1000.00

c. Ms. Sarah T. Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 Pheasant Dr
 City State Zip Code
 Opelika AL 36801-3363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center Assistant Vice President/Information T
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890981
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Eve Milner
 Mailing Address 108 Jefferson Place
 City State Zip Code
 Lagrange GA 30240-8527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center-Lanier Assistant Vice President Clinical Srvc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890982
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Mr. Thomas M. Lane
 Mailing Address 2407 11th Avenue
 City State Zip Code
 Valley AL 36854-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center-Lanier Assistant Vice President, Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890983
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Dr. Michael Lisenby MD
 Mailing Address 2000 Pepperell Parkway
 City State Zip Code
 Opelika AL 36801-5452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center Vice President and Chief Medical Office
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890984
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Sam Price
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Pepperell Parkway
 City State Zip Code
 Opelika AL 36802-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center Executive Vice President Finance/Chief
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890985
 Amount of Each Receipt this Period
 1000.00

B. Mr. Dennis Thrasher
 Full Name (Last, First, Middle Initial)
 Mailing Address 2190 Springwood Drive
 City State Zip Code
 Auburn AL 36830-7200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center Asst. Vice President/Controller
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890986
 Amount of Each Receipt this Period
 1000.00

C. Ms. Jane M. Fullum
 Full Name (Last, First, Middle Initial)
 Mailing Address 839 Millers Point Rd
 City State Zip Code
 Auburn AL 36830-7628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Alabama Medical Center Asst. Vice President Patient Care
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890987
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 122 OF 185
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Ken Lott

Mailing Address 1567 Oak Hill Circle

City Auburn State AL Zip Code 36832-6798

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

Name of Employer East Alabama Medical Center Occupation Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890988

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Mr. Gary R Gore

Mailing Address 227 Britany Road

City Guntersville State AL Zip Code 35976-5766

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

Name of Employer Marshall Health System Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890989

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ms. Neeysa Biddle FACHE

Mailing Address P O Box 12407

City Birmingham State AL Zip Code 35202-2407

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

Name of Employer St. Vincent's Birmingham Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890990

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER: PAGE 123 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. A Elizabeth Anderson

Mailing Address 2451 Fillingim Street

City State Zip Code
Mobile AL 36617-2238

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

Name of Employer Occupation
University of South Alabama Medical Ce Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890991

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Mr. David S Spillers

Mailing Address 101 Sivley Road SW

City State Zip Code
Huntsville AL 35801-4421

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

Name of Employer Occupation
Huntsville Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890992

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Donald E. Williamson

Mailing Address 8113 Lichfield Ct

City State Zip Code
Montgomery AL 36117-5124

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

Name of Employer Occupation
Alabama Hospital Association President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890993

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Rosemary Blackmon
 Full Name (Last, First, Middle Initial)
 Mailing Address 547 Le Grand Place
 City State Zip Code
 Montgomery AL 36106-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alabama Hospital Association Exec. Vice President of Public Relatio
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890994
 Amount of Each Receipt this Period
 1000.00

B. Ms. Danne J. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 Chadwick Lane
 City State Zip Code
 Montgomery AL 36117-8962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alabama Hospital Association Senior Vice President Government Relat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890995
 Amount of Each Receipt this Period
 500.00

C. Ms. Margaret Whatley
 Full Name (Last, First, Middle Initial)
 Mailing Address 8223 Greyfield Dr
 City State Zip Code
 Montgomery AL 36117-6913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alabama Hospital Association Director, Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890996
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 125 OF 185
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Jane Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 1612 Salisbury Place
 City State Zip Code
 Montgomery AL 36117-2562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alabama Hospital Association Vice President, Member Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890997
 Amount of Each Receipt this Period
 500.00

B. Mr. Jeffrey M Brannon
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 886
 City State Zip Code
 Monroeville AL 36461-0886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Monroe County Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890998
 Amount of Each Receipt this Period
 500.00

C. Mr. Arthur D Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 890
 City State Zip Code
 Demopolis AL 36732-0890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bryan W. Whitfield Memorial Hospital Chief Executive Officer and Administra
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22890999
 Amount of Each Receipt this Period
 500.00

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Tom Shufflebarger

Mailing Address 1600 Seventh Avenue South

City State Zip Code
Birmingham AL 35233-1711

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

Name of Employer Occupation
Children's of Alabama Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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

City State Zip Code
Russellville AL 35653-1089

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

Name of Employer Occupation
Russellville Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891001

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Wm. Michael Warren Jr.

Mailing Address 1600 Seventh Avenue South

City State Zip Code
Birmingham AL 35233-1711

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

Name of Employer Occupation
Children's of Alabama Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891003

Amount of Each Receipt this Period
500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. J Peter Selman FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 11010
 City State Zip Code
 Montgomery AL 36111-0010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baptist Medical Center South Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891004
 Amount of Each Receipt this Period
 500.00

B. Ms. Teresa G Grimes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Highway 231 South
 City State Zip Code
 Troy AL 36081-3058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Troy Regional Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891005
 Amount of Each Receipt this Period
 500.00

C. Mr. Bryan N Kindred FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 University Boulevard East
 City State Zip Code
 Tuscaloosa AL 35401-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DCH Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891006
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 128 OF 185
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Lothar E Peace III

Mailing Address P O Box 939

City State Zip Code
Alexander City AL 35011-0939

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

Name of Employer Occupation
Russell Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891007

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Ronald S Owen FACHE

Mailing Address P O Box 6987

City State Zip Code
Dothan AL 36302-6987

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

Name of Employer Occupation
Southeast Alabama Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891009

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Mr. Charles C Brannen

Mailing Address P O Box 6987

City State Zip Code
Dothan AL 36302-6987

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

Name of Employer Occupation
Southeast Alabama Medical Center Senior Vice President and Chief Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891010

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Brian Keith Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 995 Ninth Avenue SW

City Bessemer State AL Zip Code 35022-4527

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

Name of Employer Medical West Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891011

Amount of Each Receipt this Period
 500.00

B. Mr. Sammy Watson
Full Name (Last, First, Middle Initial)

Mailing Address 809 University Boulevard East

City Tuscaloosa State AL Zip Code 35401-2029

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

Name of Employer DCH Health System Occupation Director Community Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891012

Amount of Each Receipt this Period
 500.00

c. Dr. Charles Harkness DO
Full Name (Last, First, Middle Initial)

Mailing Address 113 Sockeye Ct

City Dothan State AL Zip Code 36301-8445

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

Name of Employer Southeast Alabama Medical Center Occupation Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 22891013

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Amy Gibson

Mailing Address P O Box 428

City Jackson State AL Zip Code 36545-0428

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

Name of Employer Jackson Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 / /
Transaction ID : 22891014

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
B. Mr. Glenn C Sisk

Mailing Address 315 West Hickory Street

City Sylacauga State AL Zip Code 35150-2913

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

Name of Employer Coosa Valley Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 / /
Transaction ID : 22891015

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C. Ms. Penny Westmoreland

Mailing Address P O Box 780

City Haleyville State AL Zip Code 35565-0780

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

Name of Employer Lakeland Community Hospital Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 / /
Transaction ID : 22891016

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER: PAGE 131 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Ralph H Clark Jr. FACHE

Mailing Address 820 West Washington Street

City State Zip Code
Eufaula AL 36027-1822

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

Name of Employer Occupation
Medical Center Barbour Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015
Transaction ID : 22891017

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Jacques Jarry

Mailing Address 102 West Conecuh Avenue

City State Zip Code
Union Springs AL 36089-1303

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

Name of Employer Occupation
Bullock County Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015
Transaction ID : 22891018

Amount of Each Receipt this Period
350.00

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

Mailing Address P.O. Box 487

City State Zip Code
Carrollton AL 35447-0487

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

Name of Employer Occupation
Pickens County Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015
Transaction ID : 22891019

Amount of Each Receipt this Period
350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Kenneth S Lewis MD, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Bow Street
 City Elkton State MD Zip Code 21921-5544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 08 / 2015
Transaction ID : 22946927
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$350.00

B. Mr. Nick DeJong
 Full Name (Last, First, Middle Initial)
 Mailing Address 946 Amsterdam Ave NE
 City Atlanta State GA Zip Code 30306-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross and Blue Shield of GA, Inc. Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 17 / 2015
Transaction ID : 22946928
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$750.00 This changes the YTD Total to \$0.00

C. Ms. Melinda Reid Hatton
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1045726237434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.72
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Sarah B. Macchiarola
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR1082532737434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

B. Ms. Barbara Jelen
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 N Royal St
 City Alexandria State VA Zip Code 22314-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR1113464237434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

C. Ms. Lisa Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR1118928237434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	80.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Dale A Kirby
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 331

City Colusa	State CA	Zip Code 95932-0331
----------------	-------------	------------------------

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

Name of Employer American Hospital Association-Chicago	Occupation Regional Executive
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1125892337434

Amount of Each Receipt this Period
76.72

P/R Deduction (\$38.25 Bi-Weekly)

B. Ms. Mary Meadows
Full Name (Last, First, Middle Initial)
Mailing Address 155 North Wacker Drive

City Chicago	State IL	Zip Code 60606-1787
-----------------	-------------	------------------------

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

Name of Employer American Hospital Association-Chicago	Occupation Director of Professional Practice, AON
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1260472937434

Amount of Each Receipt this Period
26.72

P/R Deduction (\$13.25 Bi-Weekly)

C. Mr. Jack A. Mackay
Full Name (Last, First, Middle Initial)
Mailing Address One North Franklin

City Chicago	State IL	Zip Code 60606-3436
-----------------	-------------	------------------------

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

Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1347703637434

Amount of Each Receipt this Period
38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	141.68
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 135 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Susan Gergely MBA

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1787

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

Name of Employer AONE Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **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

City Alexandria State VA Zip Code 22302-2107

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Advocacy and Member Co

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1348169737434

Amount of Each Receipt this Period **26.72**

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Sharon Allen

Mailing Address 155 N. Wacker

City Chicago State IL Zip Code 60606-1787

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

Name of Employer American Hospital Association-Chicago Occupation Senior Executive Director, Business Se

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1474886237434

Amount of Each Receipt this Period **26.72**

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **80.16**

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

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

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

FOR LINE NUMBER: PAGE 136 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City Palatine State IL Zip Code 60067-1821

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

Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1475133737434

Amount of Each Receipt this Period **38.24**

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City Upper Marlboro State MD Zip Code 20772-4323

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

Name of Employer American Hospital Association-Washingt Occupation Executive Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1476385737434

Amount of Each Receipt this Period **26.72**

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Monica D Day

Mailing Address 4301 Telfair Blvd B219

City Suitland State MD Zip Code 20746-4297

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

Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1516850637434

Amount of Each Receipt this Period **26.72**

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **91.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 185
	<input checked="checked" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Elisa Arespachoga		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1555656237434
Mailing Address One North Franklin		Amount of Each Receipt this Period 26.72
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.25 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Associate Director, Constituency Secti	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. Kathy Poole		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1589439937434
Mailing Address One North Franklin		Amount of Each Receipt this Period 26.72
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.25 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director, Governance Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Ms. Kimberly Baker		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1590809137434
Mailing Address One North Franklin		Amount of Each Receipt this Period 26.72
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.25 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director Travel Meeting Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....	80.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Editor Health Facilities Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1625366837434

Amount of Each Receipt this Period **36.69**

P/R Deduction (\$18.26 Bi-Weekly)

B. Mr. Bob Kehoe
Full Name (Last, First, Middle Initial)

Mailing Address 155 North Wacker Drive, Suite 400

City Chicago State IL Zip Code 60606-1719

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

Name of Employer American Hospital Association-Chicago Occupation Executive Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1625368337434

Amount of Each Receipt this Period **26.72**

P/R Deduction (\$13.25 Bi-Weekly)

C. Mr. Bill Ladewski
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Membership Associate, Center for Heat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1625369137434

Amount of Each Receipt this Period **26.72**

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **90.13**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Joan M. M Ryzner
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Education Program Manager, HRET
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR1625587837434
 Amount of Each Receipt this Period **26.72**
 P/R Deduction (\$13.25 Bi-Weekly)

B. Ms. Monique Showalter
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Marketing AHA Solutions, Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR1625602237434
 Amount of Each Receipt this Period **26.72**
 P/R Deduction (\$13.25 Bi-Weekly)

C. Mr. Stephen Hines
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR1648726637434
 Amount of Each Receipt this Period **26.72**
 P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	80.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 140 OF 185
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Erik Rasmussen
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1819487937434

Amount of Each Receipt this Period
76.72

P/R Deduction (\$38.25 Bi-Weekly)

B. Ms. Aimee Kuhlman
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Fed. Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1877582337434

Amount of Each Receipt this Period
26.72

P/R Deduction (\$13.25 Bi-Weekly)

C. Ms. Shari Dexter
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1878189837434

Amount of Each Receipt this Period
38.24

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	141.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 141 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Beverly Hancock
 Mailing Address 155 N. Wacker Dr.
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Dir Educational Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1913189337434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Joanna Kim
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1913190537434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Evelyn Knolle
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1913190737434
 Amount of Each Receipt this Period 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 91.68
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Juanita Myrick
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Director, Employee Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1913192537434

Amount of Each Receipt this Period **26.00**

P/R Deduction (\$12.50 Bi-Weekly)

B. Ms. Jennifer Schleman
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Media Relat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1913194037434

Amount of Each Receipt this Period **38.24**

P/R Deduction (\$19.00 Bi-Weekly)

C. Ms. Chantal Worzala
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR1913196437434

Amount of Each Receipt this Period **36.69**

P/R Deduction (\$18.26 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.93
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 143 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathleen Cain
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Staff Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1936378437434
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Ms. Janet Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1937843137434
 Amount of Each Receipt this Period 97.24
 P/R Deduction (\$48.60 Bi-Weekly)

C. Ms. Diane Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1943461537434
 Amount of Each Receipt this Period 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.48
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Stacey Chappell
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation Senior Communications Specialist, Advo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR1963876237434
 Amount of Each Receipt this Period
 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

B. Ms. Dawn M Rose JD, PHR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2235 W Superior St 5113
 City Chicago State IL Zip Code 60612-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHHRA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR1973958737434
 Amount of Each Receipt this Period
 25.12
 P/R Deduction (\$12.48 Bi-Weekly)

C. Ms Kristina Weger
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2058887037434
 Amount of Each Receipt this Period
 45.40
 P/R Deduction (\$22.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	97.24
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 145 OF 185
(check only one)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr Travis E Robey

Mailing Address 800 10th Street NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Fed Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2060308237434

Amount of Each Receipt this Period **45.40**

P/R Deduction (\$22.67 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr Damareus Barbour

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer AONE Occupation Workforce Center Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR2060632937434

Amount of Each Receipt this Period **36.69**

P/R Deduction (\$18.26 Bi-Weekly)

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

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR327771637434

Amount of Each Receipt this Period **76.72**

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **158.81**

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

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

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

FOR LINE NUMBER: PAGE 146 OF 185
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Suzanne R. Sonik
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR32777237434
 Amount of Each Receipt this Period 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

B. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City Oak Park State IL Zip Code 60304-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR32777837434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

C. Mr. Neil Jesuele
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR327801737434
 Amount of Each Receipt this Period 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.20
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 147 OF 185
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Pamela Austin Thompson MS, RN, FA
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation AHA Senior Vice President, CEO America
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR327812037434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Joan H. Lewis
 Mailing Address 6034 North 22nd Street
 City Arlington State VA Zip Code 22205-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR327831737434
 Amount of Each Receipt this Period 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Mark Seklecki
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR327858037434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 191.68
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 148 OF 185
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR327877837434

Amount of Each Receipt this Period
76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court #3002

City State Zip Code
Chicago IL 60602-4750

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR327895737434

Amount of Each Receipt this Period
76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Eileen M. Collins Offner

Mailing Address 800 10th Street, NW Two CityCenter, Suite 400

City State Zip Code
Washington DC 20001-5188

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

Name of Employer Occupation
American Hospital Association-Washingt Director Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR327906137434

Amount of Each Receipt this Period
26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas J. Bonner FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 679010
 City Austin State TX Zip Code 78767-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR327983737434
 Amount of Each Receipt this Period **76.72**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Richard J. Umbdenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR328132837434
 Amount of Each Receipt this Period **76.72**
 P/R Deduction (\$38.25 Bi-Weekly)

C. Ms. Donna J. Melkonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 60640-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR328223837434
 Amount of Each Receipt this Period **76.72**
 P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.16
TOTAL This Period (last page this line number only).....	

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ron O. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR328241437434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

B. Mr. Richard J. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 22207-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR328260937434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

C. Carla J Luggiero
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Fed Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR328490137434
 Amount of Each Receipt this Period 18.88
 P/R Deduction (\$9.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.32
TOTAL This Period (last page this line number only)..... ▶

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Clover Hill Court
 City State Zip Code
 Yardley PA 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Regional Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR328511837434
 Amount of Each Receipt this Period
 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

B. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City State Zip Code
 Arlington VA 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Senior Vice President, Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR328512037434
 Amount of Each Receipt this Period
 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

c. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 City State Zip Code
 Chicago IL 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Senior Director, Health Data Managemen
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR328641137434
 Amount of Each Receipt this Period
 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Anthony S Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AHA Solutions, Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR328913337434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

B. Ms. Rebecca Chickey
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City Chicago State IL Zip Code 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation SPSA Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR329013437434
 Amount of Each Receipt this Period 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

C. Dr. John R. Combes
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR329071337434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	191.68
TOTAL This Period (last page this line number only).....▶	

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Robyn L. Bash

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR329084437434

Amount of Each Receipt this Period 76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. W. Thomas Deweese

Mailing Address 5201 Virginia Way

City Brentwood State TN Zip Code 37027-7525

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

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR329215737434

Amount of Each Receipt this Period 76.72

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606-4425

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

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR329342637434

Amount of Each Receipt this Period 26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 180.16

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

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

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

FOR LINE NUMBER: PAGE 154 OF 185
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR330343337434
 Amount of Each Receipt this Period 38.24
 P/R Deduction (\$19.00 Bi-Weekly)

B. Mr. Thomas Misfeldt
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR330411637434
 Amount of Each Receipt this Period 76.72
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Maureen D. Mudron
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR330465237434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.68
TOTAL This Period (last page this line number only)..... ▶

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR330475437434

Amount of Each Receipt this Period
76.72

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR330547737434

Amount of Each Receipt this Period
38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR330549237434

Amount of Each Receipt this Period
76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 185
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Anthony Spohn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 N. Oriole
 City Chicago State IL Zip Code 60634-3232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Members
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR331098337434
 Amount of Each Receipt this Period **38.24**
 P/R Deduction (\$19.00 Bi-Weekly)

B. Ms. Debi H. Tucker Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 N. Kentucky Street
 City Arlington State VA Zip Code 22205-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, State Issues Forum
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR331278837434
 Amount of Each Receipt this Period **38.24**
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Darlene S. Vanderbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 West Glendale Ave.
 City Alexandria State VA Zip Code 22301-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Operations - APP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR331304237434
 Amount of Each Receipt this Period **76.72**
 P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Jo Ann K Webb MHA, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation Senior Director of Federal Relations a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR331379137434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Judy Weinsheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR331386937434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.25 Bi-Weekly)

C. Mr. Dale L Woodin CHFM, FASH
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association Occupation Senior Executive Director Infrastructu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR331481337434
 Amount of Each Receipt this Period 26.72
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	80.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 185
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR518031937434
 Amount of Each Receipt this Period **76.72**
 P/R Deduction (\$38.25 Bi-Weekly)

B. Ms. Laura M. Werner
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR560101537434
 Amount of Each Receipt this Period **38.24**
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Ashley B. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 S. Royal St.
 City Alexandria State VA Zip Code 22314-4142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR766023737434
 Amount of Each Receipt this Period **76.72**
 P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	191.68
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 159 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Rochelle M. Archuleta

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR801366337434

Amount of Each Receipt this Period
26.72

P/R Deduction (\$13.25 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	26.72
TOTAL This Period (last page this line number only).....▶	179923.77

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 185
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. HCA Good Government Fund-Federal PAC

Mailing Address On Park Plaza
PO Box 550

City Nashville State TN Zip Code 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 01 / 2015
Transaction ID : 22845527

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Health Education and Learning Political Action Committee(HEALPAC)-Federal

Mailing Address 230 West McCarty Street

City Jefferson City State MO Zip Code 65101

FEC ID number of contributing federal political committee. **C** C00478362

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1179.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 14 / 2015
Transaction ID : 22864848

Amount of Each Receipt this Period
1179.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	6179.00
TOTAL This Period (last page this line number only).....▶	6179.00

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

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

FOR LINE NUMBER: PAGE 161 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C C00128082**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
106725.00

Date of Receipt
 M M / D D / Y Y Y Y
12 / 09 / 2015

Transaction ID : 22862327

Amount of Each Receipt this Period
53175.00

Full Name (Last, First, Middle Initial)
B. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C C00301325**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
72000.00

Date of Receipt
 M M / D D / Y Y Y Y
12 / 21 / 2015

Transaction ID : 22872199

Amount of Each Receipt this Period
22000.00

Full Name (Last, First, Middle Initial)
C. PAC of Missouri Hospital Association

Mailing Address P.O. Box 60

City State Zip Code
Jefferson City MO 65102

FEC ID number of contributing federal political committee. **C C00289777**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
 M M / D D / Y Y Y Y
12 / 21 / 2015

Transaction ID : 22872360

Amount of Each Receipt this Period
1900.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **77075.00**

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

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

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

FOR LINE NUMBER: PAGE 162 OF 185
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. AZHHA Political Action Committee (Federal)
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 North Central Avenue
 Suite 900
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C** C00217687
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 22881560
 Amount of Each Receipt this Period
 10000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	87075.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED 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 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. TD Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Seventh Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2394.77

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 22899156
 Amount of Each Receipt this Period
 259.51
 Interest Earned

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	259.51
TOTAL This Period (last page this line number only).....▶	259.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22899160

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22899161

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22899216

Amount of Each Disbursement this Period

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22899217

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John R. Thune

Category/
Type

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 22849995

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 71584

City State Zip Code
Los Angeles CA 90071

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 22849997

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Diane Black

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 22849998

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Cole

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 22849999

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention2016

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 22850000

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Contribution

011

Candidate Name

Richard Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 22850001

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Dave Joyce

Category/Type

Office Sought: House Senate President
State: OH District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 22850003

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Patrick L. Meehan

Category/Type

Office Sought: House Senate President
State: PA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 22850004

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Bill Posey

Category/Type

Office Sought: House Senate President
State: FL District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 22850005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tom Rice

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 22850006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jason T. Smith

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 22850007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jason T. Smith

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 22850008

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Greater America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2015

Mailing Address 700 Thirteenth Street, NW
Suite 600

Transaction ID : 22850009

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2015 Contribution

011
Category/ Type

2015 Contribution

Candidate Name

AMERIPAC: The Fund for a Greater America

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2015

Mailing Address 499 South Capitol St., SW
Suite 422

Transaction ID : 22850010

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2015 Contribution

011
Category/ Type

2015 Contribution

Candidate Name

BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Committee for the Preservation of Capitalism (CPC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2015

Mailing Address P.O. Box 65314

Transaction ID : 22850011

City Washington State DC Zip Code 22036

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2015 Contribution

011
Category/ Type

2015 Contribution

Candidate Name

Committee for the Preservation of Capitalism (CPC)

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement
2015 Contribution

011

Candidate Name
Democrats Win Seats PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : 22850012

Amount of Each Disbursement this Period

1500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Lone Star Leadership PAC

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
2015 Contribution

011

Candidate Name
Lone Star Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : 22850013

Amount of Each Disbursement this Period

2000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Prosperity Action Inc

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name
Prosperity Action Inc

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : 22850018

Amount of Each Disbursement this Period

2500.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Southwest Leadership Fund

Mailing Address PO Box 208

City Santa Fe State NM Zip Code 87504

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Southwest Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Transaction ID : 22850020

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Together Holding Our Majority (THOM PAC)

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Together Holding Our Majority (THOM PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Transaction ID : 22850021

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. VINEPAC: Victory in November Election PAC

Mailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

VINEPAC: Victory in November Election PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Transaction ID : 22850024

Amount of Each Disbursement this Period

2500.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charlie Crist for Congress

Mailing Address PO Box 1547

City St. Petersburg State FL Zip Code 33731

Purpose of Disbursement Contribution

011

Candidate Name
Charlie Crist

Category/Type

Office Sought: House Senate President
State: FL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 22850025

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement Contribution

011

Candidate Name
Sen. Rob Portman

Category/Type

Office Sought: House Senate President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872201

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Mailing Address PO Box 361

City Malden State MA Zip Code 02148

Purpose of Disbursement Contribution

011

Candidate Name
Rep. Katherine M Clark

Category/Type

Office Sought: House Senate President
State: MA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872203

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Paul A. Gosar

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872204

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Palazzo For Congress

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steven M. Palazzo

Category/
Type

Office Sought: House
 Senate
 President
State: MS District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872207

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872208

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David E. Price

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : 22872209

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Dave George Reichert

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : 22872210

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott For Congress

Mailing Address Post Office Box 251

City Newport News State VA Zip Code 23607

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robert C. Scott

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : 22872211

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 22872212

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Visclosky For Congress

Mailing Address Post Office Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Peter J. Visclosky

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 22872213

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. CAFO PAC (Concerned Americans for Freedom PAC)

Mailing Address 3321 Avenue I - Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
2015 Contribution

011

Candidate Name

CAFO PAC (Concerned Americans for Freedom PAC)

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 22872214

Amount of Each Disbursement this Period

1000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hoosiers First PAC

Mailing Address 215 South St. Joseph Street
Suite 600

City South Bend State IN Zip Code 46601

Purpose of Disbursement
2015 Contribution

011

Candidate Name
Hoosiers First PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 22872219

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
2015 Contribution

011

Candidate Name
IMPACT

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 22872226

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Jobs, Opportunity & Education, PAC (JOEPAC)

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
2015 Contribution

011

Candidate Name
Jobs, Opportunity & Education, PAC (JOEPAC)

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 22872227

Amount of Each Disbursement this Period

3000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Leading Orange County PAC

Mailing Address PO BOX 6037

City Santa Anna State CA Zip Code 92706

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Leading Orange County PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872228

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. LYNN PAC

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2015 Contribution

011

Candidate Name

LYNN PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872229

Amount of Each Disbursement this Period

2500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872230

Amount of Each Disbursement this Period

2500.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Peter Norbeck Leadership PAC; The

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501-0250

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Peter Norbeck Leadership PAC; The

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872231

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Preserving America's Traditions PAC (PATPAC)

Mailing Address 228 South Washington Street
Suite B-20

City Washington State DC Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Preserving America's Traditions PAC (PATPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 22872232

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Beatty For Congress

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joyce Beatty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : 22872241

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City State Zip Code
Sarasota FL 34230

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Vern Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	5

Transaction ID : 22872242

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Latta For Congress

Mailing Address PO Box 106

City State Zip Code
Bowling Green OH 43402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bob Latta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	5

Transaction ID : 22872243

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement
Contribution

011

Candidate Name

John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	5

Transaction ID : 22872248

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 22872249

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. CMR PAC

Mailing Address PO Box 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
2015 Contribution

011

Candidate Name

CMR PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 22872250

Amount of Each Disbursement this Period

2500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Conservatives Restoring Excellence

Mailing Address PO Box 904

City State Zip Code
Dunn NC 28335

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Conservatives Restoring Excellence

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 22872251

Amount of Each Disbursement this Period

2000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Forward Together PAC		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 201 N. Union Street Suite 300		Transaction ID : 22872252
City Alexandria	State VA	
Purpose of Disbursement 2015 Contribution		Amount of Each Disbursement this Period 4000.00
Candidate Name Forward Together PAC		2015 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Fund For The Majority, The		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 1212 S. Victory Blvd.		Transaction ID : 22872258
City Burbank	State CA	
Purpose of Disbursement 2015 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Fund For The Majority, The		2015 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) C. New Pioneers PAC		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 228 S. Washington St. Suite 115		Transaction ID : 22872259
City Alexandria	State VA	
Purpose of Disbursement 2015 Contribution		Amount of Each Disbursement this Period 3500.00
Candidate Name New Pioneers PAC		2015 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Darren Soto For Congress

Mailing Address 338 N Magnolia Avenue
Suite D

City Orlando State FL Zip Code 32801

Purpose of Disbursement
Contribution

Candidate Name

Darren Soto

Office Sought: House
 Senate
 President
State: FL District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : 22872260

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention2016

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : 22872261

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement
Contribution

Candidate Name

Rep. Louise McIntosh Slaughter

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : 22872278

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Denali Leadership PAC

Mailing Address 16158 Essex Park Dr.

City Anchorage State AK Zip Code 99516

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Denali Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : 22872279

Amount of Each Disbursement this Period

4000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

106000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth S Lewis MD, JD

Mailing Address 106 Bow Street

City Elkton State MD Zip Code 21921-5544

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : 22854680

Amount of Each Disbursement this Period

350.00

Refund

Full Name (Last, First, Middle Initial)

B. Mr. Nick DeJong

Mailing Address 946 Amsterdam Ave NE

City Atlanta State GA Zip Code 30306-3406

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 22898282

Amount of Each Disbursement this Period

750.00

Refund

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1100.00

1100.00