

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		3140767.55
(b) Cash on Hand at Beginning of Reporting Period.....	2561241.22	
(c) Total Receipts (from Line 19)	187933.50	2058636.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2749174.72	5199403.90
7. Total Disbursements (from Line 31).....	27122.50	2477351.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2722052.22	2722052.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y 12 / 31 / 2016

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).....	139404.06	1021600.99
(ii) Unitemized	31098.83	347765.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	170502.89	1369366.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	175502.89	1384366.97
12. Transfers From Affiliated/Other Party Committees.....	12000.00	670985.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	430.61	3284.38
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)).....▶	187933.50	2058636.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	187933.50	2058636.35

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	622.50	6623.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	622.50	6623.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	1192250.00
24. Independent Expenditures (use Schedule E)	0.00	1278075.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00	403.00
(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)).....	0.00	403.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	27122.50	2477351.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27122.50	2477351.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	175502.89	1384366.97
34. Total Contribution Refunds (from Line 28(d))	0.00	403.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	175502.89	1383963.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	622.50	6623.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	622.50	6623.68

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 148
<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

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. Souza, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Hospital Association of Rhode Island Occupation (for Individual) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt **12 / 01 / 2016**

Transaction ID : 23611199

Amount of Each Receipt this Period 350.00

Memo Item

B. Cournoyer, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Connecticut Hospital Association Occupation (for Individual) Manager, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 30 / 2016**

Transaction ID : 23614174

Amount of Each Receipt this Period 250.00

Memo Item

C. Buckley, Karen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Connecticut Hospital Association Occupation (for Individual) Vice President Advocacy

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 30 / 2016**

Transaction ID : 23614175

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 148
	<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. Ash, Richard, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 450 Eastvold Avenue

City Ortonville	State MN	Zip Code 56278-1252
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Hospital District	Occupation (for Individual) Chief Executive Officer
---------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

Transaction ID : 23614180

Amount of Each Receipt this Period
85.00

Memo Item

B. Barstad, Stacy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 188

City Westbrook	State MN	Zip Code 56183-0188
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sanford Tracy Medical Center	Occupation (for Individual) Chief Executive Officer
-------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

Transaction ID : 23614181

Amount of Each Receipt this Period
80.00

Memo Item

C. Draeger, Anne, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2250 NW 26th Street

City Owatonna	State MN	Zip Code 55060-5503
------------------	-------------	------------------------

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

Name of Employer (for Individual) Owatonna Hospital	Occupation (for Individual) Director of Patient Care
--------------------------------------------------------	---------------------------------------------------------

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
11		30		2016

Transaction ID : 23614182

Amount of Each Receipt this Period
350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	515.00
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 8 OF 148
	<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. Krinkie, Mary, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2016
Transaction ID : 23614184
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Maertens, Mary, B, Ms., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 South Bruce Street
 City Marshall State MN Zip Code 56258-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera Marshall Regional Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 11 / 30 / 2016
Transaction ID : 23614185
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dunne, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 SE 164th Avenue
 City Vancouver State WA Zip Code 98683-9324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PeaceHealth Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 30 / 2016
Transaction ID : 23614215
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 148
	<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. Hodgkinson, Kimberly, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15000 NE 11th St
 City Vancouver State WA Zip Code 98684-3672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PeaceHealth Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2016
Transaction ID : 23614216
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. True, Janet, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 36th Avenue East
 City Seattle State WA Zip Code 98112-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Swedish Health Services Occupation (for Individual) Trustee
 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
 11 / 30 / 2016
Transaction ID : 23614217
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Nathanson, Martha, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6230 Woodcrest Avenue
 City Baltimore State MD Zip Code 21209-3935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LifeBridge Health Occupation (for Individual) Vice President Government and Commu
 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
 11 / 29 / 2016
Transaction ID : 23614343
 Amount of Each Receipt this Period
 255.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1055.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 148
<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. Townsend, Pegeen, A., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MedStar Health Occupation (for Individual) Vice President Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 29 / 2016
Transaction ID : 23614348
 Amount of Each Receipt this Period 255.00
 Memo Item

B. Rulle, Mark, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Kingswood Road
 City Annapolis State MD Zip Code 21401-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maryland Healthcare Education Institut Occupation (for Individual) President, Maryland Healthcare Educat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 29 / 2016
Transaction ID : 23614357
 Amount of Each Receipt this Period 255.00
 Memo Item

C. Vander Kolk, Keith, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Magothy Bridge Road
 City Pasadena State MD Zip Code 21122-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Agnes Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 01 / 2016
Transaction ID : 23614365
 Amount of Each Receipt this Period 255.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	765.00
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 11 OF 148
	<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. Lehrach, Christopher, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 Montauk Avenue
 City New London State CT Zip Code 06320-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L+M Healthcare Occupation (for Individual) President L+M Medical Group, Chief Tr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 01 / 2016
Transaction ID : 23614373
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Respass, Suzanne, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Seventh Avenue South
 City Birmingham State AL Zip Code 35233-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's of Alabama Occupation (for Individual) Director Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 06 / 2016
Transaction ID : 23629838
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Hubbard, Brent, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6800 Riley Park Drive
 City Fort Smith State AR Zip Code 72916-9331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Hospital Springfield Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2016
Transaction ID : 23629839
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 12 OF 148
	<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. Inman, Joanne, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 B 7th Street

City Virginia Beach	State VA	Zip Code 23451-3520
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Leigh Hospital	Occupation (for Individual) Administrator
-------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 23632682

Amount of Each Receipt this Period
225.00

Memo Item

B. Culling, Doug, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7800 Ocean Front Ave
Unit A

City Virginia Beach	State VA	Zip Code 23451-1957
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) President SMG
---------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 23637012

Amount of Each Receipt this Period
450.00

Memo Item

C. Prevet, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1804 Church Side Lane

City Virginia Beach	State VA	Zip Code 23454-1022
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours-DePaul Medical Center	Occupation (for Individual) Director/Advocacy
------------------------------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 23637013

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 148
<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. Kern, Howard, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6015 Poplar Hall Drive

City Norfolk	State VA	Zip Code 23502-3819
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) 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	/	05	/	2016

Transaction ID : 23637014

Amount of Each Receipt this Period
750.00

Memo Item

B. Bailey, Christopher, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2814 Northlake Drive

City Richmond	State VA	Zip Code 23233-3320
------------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Hospital & Healthcare Associa	Occupation (for Individual) Senior Vice President
-----------------------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : 23637015

Amount of Each Receipt this Period
375.00

Memo Item

C. Agee, Nancy, Howell, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 13727

City Roanoke	State VA	Zip Code 24036-3727
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carilion Clinic	Occupation (for Individual) President and Chief Executive Officer
------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : 23637016

Amount of Each Receipt this Period
900.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2025.00
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 14 OF 148
	<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. Buckingham, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road

City Mechanicsburg	State PA	Zip Code 17055-4325
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Vice President of 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 / 08 / 2016
Transaction ID : 23637036

Amount of Each Receipt this Period
500.00

Memo Item

B. Kaszubowski, Natalie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 East 40th Street

City Norfolk	State VA	Zip Code 23504-1010
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) Vice President Information Technology
---------------------------------------------------------	----------------------------------------------------------------------

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 / 05 / 2016
Transaction ID : 23637052

Amount of Each Receipt this Period
150.00

Memo Item

C. Hayes, Donald, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 Suber Dr

City Virginia Beach	State VA	Zip Code 23452-1810
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) Director of Finance
---------------------------------------------------------	----------------------------------------------------

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 / 05 / 2016
Transaction ID : 23637054

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 15 OF 148
	<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. Keane, Valerie, E, Ms., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Princess Anne Street
 City Fredericksburg State VA Zip Code 22401-6041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentara Northern Virginia Medical Cent Occupation (for Individual) Chief Nursing Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 05 / 2016
Transaction ID : 23637055
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Young, Eric, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8816 Semmes Ave
 City Norfolk State VA Zip Code 23503-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentara Leigh Hospital Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 05 / 2016
Transaction ID : 23637056
 Amount of Each Receipt this Period 150.00
 Memo Item

C. DiLisi, Jeffrey, P, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1861 Amberwood Manor
 City Vienna State VA Zip Code 22182-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Hospital Center - Arlington Occupation (for Individual) Vice President and Chief Medical Office
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 05 / 2016
Transaction ID : 23637058
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 16 OF 148
	<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. Hines, Grace, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 Spoon Court

City Yorktown	State VA	Zip Code 23693-5591
------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) Vice President
---------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 23637059

Amount of Each Receipt this Period
25.00

Memo Item

B. Lecker, Marijo, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Locust Avenue

City Charlottesville	State VA	Zip Code 22902-9940
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Martha Jefferson Hospital	Occupation (for Individual) Vice President
----------------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 23637060

Amount of Each Receipt this Period
150.00

Memo Item

C. Vrotsos, Darlene, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2653 Park Tower Drive

City Vienna	State VA	Zip Code 22180-7386
----------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Hospital Center - Arlington	Occupation (for Individual) Chief Nursing Officer
---------------------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 23637061

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 148
	<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. Deaton, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1950 American Way

City Kingsport	State TN	Zip Code 37660-5881
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Wellmont Hancock County Hospital	Occupation (for Individual) Executive Vice President, Chief Operat
-----------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 23637062

Amount of Each Receipt this Period
300.00

Memo Item

B. Ali, Karen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Sherbrook Drive

City Princeton	State NJ	Zip Code 08550-1229
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) General Counsel, Legal Affairs
----------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 23637277

Amount of Each Receipt this Period
6.50

Memo Item

C. Carr, Joseph, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) 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		08		2016

Transaction ID : 23637282

Amount of Each Receipt this Period
6.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	313.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 148
	<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. Cooper, Belinda, Brown, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.50

Date of Receipt 12 / 08 / 2016
Transaction ID : 23637284
 Amount of Each Receipt this Period 6.50
 Memo Item

B. Edelstein, Theresa, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President Continuing Care Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.50

Date of Receipt 12 / 08 / 2016
Transaction ID : 23637289
 Amount of Each Receipt this Period 6.50
 Memo Item

C. Eicher, Neil, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Deputy Director, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 12 / 08 / 2016
Transaction ID : 23637290
 Amount of Each Receipt this Period 6.50
 Memo Item

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 19 OF 148
<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. Guerriero, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President
----------------------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 23637292

Amount of Each Receipt this Period
6.50

Memo Item

B. Hopkins, Sean, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6180 Lower Mountain Road

City New Hope	State PA	Zip Code 18938-5760
------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Sr. VP., Health Economics
----------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 23637293

Amount of Each Receipt this Period
6.50

Memo Item

C. Lavins, David, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) Chief Financial Officer
----------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
603.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 23637296

Amount of Each Receipt this Period
6.50

Memo Item

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 20 OF 148
	<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. Miller, Richard, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 Bainbridge Street

City Philadelphia	State PA	Zip Code 19147-2402
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtua	Occupation (for Individual) Chief Executive Officer
---------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 23637299

Amount of Each Receipt this Period
1300.00

Memo Item

B. Sarao, Roger, D., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Poppy Lane

City Howell	State NJ	Zip Code 07731-1451
----------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) VP Health Economics
----------------------------------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 23637304

Amount of Each Receipt this Period
6.50

Memo Item

C. Slotman, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) VP, GME and Teaching Hospital Issues
----------------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
605.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 23637306

Amount of Each Receipt this Period
6.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1313.00
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 21 OF 148
	<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. Tice, Kirk, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Swans Mill Lane

City Scotch Plains	State NJ	Zip Code 07076-3406
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Robert Wood Johnson University Hospita	Occupation (for Individual) 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		2016

Transaction ID : 23637309

Amount of Each Receipt this Period

325.00

 Memo Item

B. Gray, Larry, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Trillium Way

City Corbin	State KY	Zip Code 40701-8727
----------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Health Corbin	Occupation (for Individual) 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		12		2016

Transaction ID : 23637508

Amount of Each Receipt this Period

500.00

 Memo Item

C. Bizarro-Thunberg, Kathleen, A, Ms., MBA, FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 544 Upper Straw Rd

City Hopkinton	State NH	Zip Code 03229-2023
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) Executive Vice President and Federal R
-------------------------------------------------------------------------	-----------------------------------------------------------------------

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		2016

Transaction ID : 23637514

Amount of Each Receipt this Period

22.25

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	847.25
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 148
	<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. Ahnen, Stephen, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Airport Road

City Concord	State NH	Zip Code 03301-7300
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) 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		08		2016

Transaction ID : 23637515

Amount of Each Receipt this Period
44.50

Memo Item

B. O'Connell, Ryan, T, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Bridgeport Hospital	Occupation (for Individual) 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		09		2016

Transaction ID : 23637520

Amount of Each Receipt this Period
1000.00

Memo Item

C. Kosturko, MaryEllen, , Mrs., RN, BSN, M
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Bridgeport Hospital	Occupation (for Individual) 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		09		2016

Transaction ID : 23637521

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2044.50
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 148
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Salsgiver, Carolyn, , Ms.,

Mailing Address P O Box 5000

City Bridgeport	State CT	Zip Code 06610-0120
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Bridgeport Hospital	Occupation (for Individual) Senior Vice President Strategy and Bus
----------------------------------------------------------	-----------------------------------------------------------------------

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		09		2016

Transaction ID : 23637522

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Tammaro, Vincent, , Mr.,

Mailing Address 215 Union Ave

City Harrison	State NY	Zip Code 10528-1711
------------------	-------------	------------------------

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

Name of Employer (for Individual) Yale-New Haven Hospital	Occupation (for Individual) 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		09		2016

Transaction ID : 23637523

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Austin, Chad, R., Mr.,

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 (for Individual) Kansas Hospital Association	Occupation (for Individual) Sr. Vice President, Government Relatio
------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
596.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : 23637609

Amount of Each Receipt this Period
76.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1576.92
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: (check only one)	PAGE 24 OF 148
	<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. Baker, Reta, K, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 985 225th St.
 City Fort Scott State KS Zip Code 66701-8797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Hospital Fort Scott Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 09 / 2016
Transaction ID : 23637611
 Amount of Each Receipt this Period 325.00
 Memo Item

B. Dunkel, Audrey, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 SE 8th Street
 City Topeka State KS Zip Code 66603-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas Hospital Association Occupation (for Individual) Director of Financial Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.07

Date of Receipt 12 / 09 / 2016
Transaction ID : 23637614
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Flores, Debra, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Coliseum Drive
 City Hampton State VA Zip Code 23666-5963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentara CarePlex Hospital Occupation (for Individual) President and Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2016
Transaction ID : 23637631
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	663.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 148
	<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. Coffey, Ken, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Gardenia Dr.

City Ninety Six	State SC	Zip Code 29666-8407
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Regional Healthcare	Occupation (for Individual) Executive 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		12		2016

Transaction ID : 23637639

Amount of Each Receipt this Period
500.00

Memo Item

B. Evans, Tim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Regional Healthcare	Occupation (for Individual) 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		12		2016

Transaction ID : 23637640

Amount of Each Receipt this Period
1000.00

Memo Item

C. Isenhower, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Regional Healthcare	Occupation (for Individual) Chief Medical Information 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		12		2016

Transaction ID : 23637641

Amount of Each Receipt this Period
500.00

Memo Item

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 26 OF 148
	<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. Keith, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Regional Healthcare Occupation (for Individual) Senior Vice President, CAD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2016
Transaction ID : 23637642
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mappin, F Gregory, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Regional Healthcare Occupation (for Individual) Vice President Medical Affairs and Chi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2016
Transaction ID : 23637643
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pfeiffer, James, A, Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Regional Healthcare Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2016
Transaction ID : 23637644
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 27 OF 148
	<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. Tamalunas, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 173 West Meath Dr

City Moore	State SC	Zip Code 29369-9024
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self Regional Healthcare	Occupation (for Individual) VP Operations SMG
---------------------------------------------------------------	--------------------------------------------------

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		12		2016

Transaction ID : 23637645

Amount of Each Receipt this Period
500.00

Memo Item

B. White, Craig, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1325 Spring Street

City Greenwood	State SC	Zip Code 29646-3860
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Regional Healthcare	Occupation (for Individual) Vice President Corporate Compliance
---------------------------------------------------------------	--------------------------------------------------------------------

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		12		2016

Transaction ID : 23637646

Amount of Each Receipt this Period
500.00

Memo Item

C. Foster, Richard, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) South Carolina Hospital Association	Occupation (for Individual) Sr. 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		12		2016

Transaction ID : 23637647

Amount of Each Receipt this Period
500.00

Memo Item

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 28 OF 148
<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. Goodwin, Rozalynn, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) South Carolina Hospital Association	Occupation (for Individual) Director, Policy Research
--------------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : 23637648

Amount of Each Receipt this Period
390.00

Memo Item

B. Hewitt, Lara, E., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) South Carolina Hospital Association	Occupation (for Individual) Director, Education Services
--------------------------------------------------------------------------	-------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : 23637650

Amount of Each Receipt this Period
390.00

Memo Item

C. Kirby, J Thornton, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) South Carolina Hospital Association	Occupation (for Individual) 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		12		2016

Transaction ID : 23637651

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1780.00
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 148
	<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. Kolb, Sherry, A., Ms., RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) South Carolina Hospital Association Occupation (for Individual) Director, Staffing 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 / 12 / 2016
Transaction ID : 23637652
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Harmon, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) South Carolina Hospital Association Occupation (for Individual) Director, Government Relations
 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 / 12 / 2016
Transaction ID : 23637653
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Stalvey, Allan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) South Carolina Hospital Association Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2016
Transaction ID : 23637654
 Amount of Each Receipt this Period
 1560.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2460.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 148
	<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. Bailey, Bruce, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 421718

City Georgetown	State SC	Zip Code 29442-4203
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Tidelands Health	Occupation (for Individual) 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	/	12	/	2016

Transaction ID : 23637655

Amount of Each Receipt this Period
1000.00

Memo Item

B. Hernandez-Lichtl, Javier, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) West Kendall Baptist Hospital	Occupation (for Individual) 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	/	14	/	2016

Transaction ID : 23646872

Amount of Each Receipt this Period
1000.00

Memo Item

C. Murphy, Janice, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25365 Plainview Court

City Columbia Station	State OH	Zip Code 44028-8914
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Cleveland Clinic Fairview Hospital	Occupation (for Individual) Vice President, Nursing
-------------------------------------------------------------------------	--------------------------------------------------------

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	/	06	/	2016

Transaction ID : 23647065

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 148
	<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. Deschambeau, Wayne, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 835 Sweitzer Street
 City Greenville State OH Zip Code 45331-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne Hospital Occupation (for Individual) 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 / 06 / 2016
Transaction ID : 23647066
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Pasztor, Barbara, J., Ms., RN, BSN, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 South Main Street
 City Findlay State OH Zip Code 45840-1214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blanchard Valley Hospital Occupation (for Individual) Vice President Patient Care Services a
 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 / 06 / 2016
Transaction ID : 23647067
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Davis, Shawna, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6528 Plesenton Dr
 City Worthington State OH Zip Code 43085-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) System VP
 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 / 06 / 2016
Transaction ID : 23647068
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 32 OF 148
	<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. Zoltanski, Joan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Euclid Ave LKSD 1024

City Cleveland	State OH	Zip Code 44106-1716
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University Hospitals	Occupation (for Individual) Chief Experience 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 / 06 / 2016
Transaction ID : 23647069

Amount of Each Receipt this Period
500.00

Memo Item

B. Parker, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 Triple Crown Dr

City Union	State OH	Zip Code 45377-8719
---------------	-------------	------------------------

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

Name of Employer (for Individual) Premier Health	Occupation (for Individual) Vice President
-----------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2016
Transaction ID : 23647070

Amount of Each Receipt this Period
675.00

Memo Item

C. Burt, Wendy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President, Communications & Publ
---------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2016
Transaction ID : 23647086

Amount of Each Receipt this Period
115.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1290.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 148
	<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. Daniels, Tania, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President, Patient Safety
---------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : 23647087

Amount of Each Receipt this Period
115.38

Memo Item

B. Koranne, Rahul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue West, Suite

City Saint Paul	State MN	Zip Code 55114-1907
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Senior Vice President, CMO
---------------------------------------------------------------------	-----------------------------------------------------------

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		13		2016

Transaction ID : 23647090

Amount of Each Receipt this Period
240.00

Memo Item

C. Loncorich, Kristin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Director of State Government Relations
---------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : 23647091

Amount of Each Receipt this Period
115.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	470.76
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 148
	<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. Massa, Lawrence, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Minnesota Hospital Association Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2860.00

Date of Receipt 12 / 13 / 2016
Transaction ID : 23647092
 Amount of Each Receipt this Period 660.00
 Memo Item

B. Peltier, Ben, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Minnesota Hospital Association Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.22

Date of Receipt 12 / 13 / 2016
Transaction ID : 23647093
 Amount of Each Receipt this Period 350.82
 Memo Item

C. Schindler, Joseph, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2550 University Avenue W. Suite 350-S
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) Vice President Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 13 / 2016
Transaction ID : 23647094
 Amount of Each Receipt this Period 115.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1126.20
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 35 OF 148
	<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. Sonneborn, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President of Information Services
---------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : 23647095

Amount of Each Receipt this Period
115.38

Memo Item

B. Westby, Peggy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue W.
Suite 350-S

City Saint Paul	State MN	Zip Code 55114-1052
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President
---------------------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : 23647096

Amount of Each Receipt this Period
115.38

Memo Item

C. Jakab, Stephen, M, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Bridgeport Hospital	Occupation (for Individual) 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		14		2016

Transaction ID : 23648513

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 148
	<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. Frayne, Stephen, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Old Sherman Hill Road

City Woodbury	State CT	Zip Code 06798-4003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Connecticut Hospital Association	Occupation (for Individual) Senior Vice President, Health Policy
-----------------------------------------------------------------------	---------------------------------------------------------------------

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		2016

Transaction ID : 23648515

Amount of Each Receipt this Period
500.00

Memo Item

B. Reckewey, Kent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2528 Rokeby Rd

City Lincoln	State NE	Zip Code 68512-1759
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Health Lakeside	Occupation (for Individual) 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		06		2016

Transaction ID : 23648889

Amount of Each Receipt this Period
250.00

Memo Item

C. Ward, Cary, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13607 Nicholas St

City Omaha	State NE	Zip Code 68154-5280
---------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Health St. Mary's	Occupation (for Individual) 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		06		2016

Transaction ID : 23648890

Amount of Each Receipt this Period
250.00

Memo Item

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 37 OF 148
	<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. Wojtalewicz, Jeanette, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5903 S 173 St
 City Omaha State NE Zip Code 68135-2290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI Health Mercy Council Bluffs Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2016
Transaction ID : 23648892
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bressler, Kathleen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2936 S 179th Plaza
 City Omaha State NE Zip Code 68130-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI Health Creighton University Medica Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2016
Transaction ID : 23648893
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Burnett, Bonnie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1208 S HWS Cleveland Blvd.
 City Omaha State NE Zip Code 68130-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI Health Nebraska Heart Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2016
Transaction ID : 23648894
 Amount of Each Receipt this Period 250.00
 Memo Item

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 38 OF 148
	<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. Jankuski, Keith, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3318 S 185th St.

City Omaha	State NE	Zip Code 68130-2290
---------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Health Plainview	Occupation (for Individual) 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		06		2016

Transaction ID : 23648895

Amount of Each Receipt this Period
250.00

Memo Item

B. Oasan, Ann, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17317 Franklin Drive

City Omaha	State NE	Zip Code 68118-3308
---------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Health Bergan Mercy	Occupation (for Individual) VP, Clinically Integrated Network
--------------------------------------------------------------	------------------------------------------------------------------

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		06		2016

Transaction ID : 23648896

Amount of Each Receipt this Period
500.00

Memo Item

c. Unruh, Greg, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 865 N. Thompson

City Colby	State KS	Zip Code 67701-3702
---------------	-------------	------------------------

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

Name of Employer (for Individual) Citizens Medical Center	Occupation (for Individual) Chief Executive Officer
--------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

Transaction ID : 23648925

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 148
	<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. Kielian, Dianna, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1145 Broadway Plaza
 Suite 1200, MS 07-00
 City Tacoma State WA Zip Code 98402-3583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franciscan Health System Occupation (for Individual) Senior Vice President, Mission
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 14 / 2016
Transaction ID : 23648926
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Begley, Robyn, , Ms., DNP, RN, N
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1395 Backline Road
 City Hammonton State NJ Zip Code 08037-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AtlantiCare Occupation (for Individual) Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 12 / 16 / 2016
Transaction ID : 23648934
 Amount of Each Receipt this Period 227.50
 Memo Item

C. Abbott, Peggy, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Ouachita County Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 09 / 2016
Transaction ID : 23648939
 Amount of Each Receipt this Period 162.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	790.00
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 148
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Barrilleaux, Scott, G, Mr., FACHE, MHA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 778 Scogin Drive

City Monticello	State AR	Zip Code 71655-5729
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Drew Memorial Hospital	Occupation (for Individual) 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		09		2016

Transaction ID : 23648940

Amount of Each Receipt this Period
162.50

Memo Item

B. Bebow, Gary, , Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) White River Health System	Occupation (for Individual) Administrator and Chief Executive Offi
----------------------------------------------------------------	-----------------------------------------------------------------------

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		09		2016

Transaction ID : 23648941

Amount of Each Receipt this Period
113.75

Memo Item

C. Crain, Greg, , Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Baptist Health Medical Center-Little R	Occupation (for Individual) Vice President and Administrator
-----------------------------------------------------------------------------	-----------------------------------------------------------------

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		09		2016

Transaction ID : 23648942

Amount of Each Receipt this Period
227.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	503.75
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 41 OF 148
	<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. Davis, Barry, L, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 339

City Paragould	State AR	Zip Code 72451-0339
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Arkansas Methodist Medical Center	Occupation (for Individual) 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		09		2016

Transaction ID : 23648943

Amount of Each Receipt this Period
227.50

Memo Item

B. Fox, David, R, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2215 Wildwood Avenue

City Sherwood	State AR	Zip Code 72120-5089
------------------	-------------	------------------------

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

Name of Employer (for Individual) CHI St. Vincent Medical Center-North	Occupation (for Individual) Administrator and Chief Executive Offi
---------------------------------------------------------------------------	-----------------------------------------------------------------------

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		09		2016

Transaction ID : 23648944

Amount of Each Receipt this Period
227.50

Memo Item

C. Gehrig, Ryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 South 79th Street

City Fort Smith	State AR	Zip Code 72903-6255
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Hospital Fort Smith	Occupation (for Individual) President
----------------------------------------------------------------	------------------------------------------

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		09		2016

Transaction ID : 23648945

Amount of Each Receipt this Period
325.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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 42 OF 148
	<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. Harrington, Russell, D, Mr., Jr FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Baptist Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 12 / 09 / 2016
Transaction ID : 23648946
 Amount of Each Receipt this Period 227.50
 Memo Item

B. Weeks, Doug, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 South Shackleford Road
 City Little Rock State AR Zip Code 72211-4335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Heart Hospital Occupation (for Individual) Board Chairperson
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.75

Date of Receipt 12 / 09 / 2016
Transaction ID : 23648949
 Amount of Each Receipt this Period 81.25
 Memo Item

C. Julian, Steve, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Godwin Boulevard
 City Suffolk State VA Zip Code 23434-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentara Obici Hospital Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 16 / 2016
Transaction ID : 23648969
 Amount of Each Receipt this Period 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	533.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 148
	(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"/> 15
		<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. McGee, Genemarie, , Ms., RN, MS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 817 Redleafe Circle

City Chesapeake	State VA	Zip Code 23320-3216
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) Chief Nursing Officer
---------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

Transaction ID : 23648970

Amount of Each Receipt this Period
450.00

Memo Item

B. Stauder, Mark, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10005 Fox Spring Ct

City Oakton	State VA	Zip Code 22124-2658
----------------	-------------	------------------------

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

Name of Employer (for Individual) Inova Health System	Occupation (for Individual) 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		16		2016

Transaction ID : 23648971

Amount of Each Receipt this Period
50.00

Memo Item

C. Ackman, Laura, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5211 Highway 110

City Aurora	State MN	Zip Code 55705-1522
----------------	-------------	------------------------

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

Name of Employer (for Individual) Essentia Health Northern Pines Medical	Occupation (for Individual) Chief Operating Officer and Administra
-----------------------------------------------------------------------------	-----------------------------------------------------------------------

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		19		2016

Transaction ID : 23649086

Amount of Each Receipt this Period
350.00

Memo Item

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 44 OF 148
	<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. Ash, Richard, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 450 Eastvold Avenue

City Ortonville	State MN	Zip Code 56278-1252
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United Hospital District	Occupation (for Individual) Chief Executive Officer
---------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2016

Transaction ID : 23649087

Amount of Each Receipt this Period
85.00

Memo Item

B. Beiswenger, Joel, , Mr., MHA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 Jefferson Street North

City Wadena	State MN	Zip Code 56482-1264
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tri-County Hospital	Occupation (for Individual) 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		19		2016

Transaction ID : 23649088

Amount of Each Receipt this Period
500.00

Memo Item

C. Massa, Lawrence, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) President
---------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2016

Transaction ID : 23649091

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1085.00
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 45 OF 148
	<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. Shaw, Gary, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 South Dellwood Street

City Cambridge	State MN	Zip Code 55008-1920
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cambridge Medical Center	Occupation (for Individual) 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		19		2016

Transaction ID : 23649093

Amount of Each Receipt this Period
350.00

Memo Item

B. Crowley, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 Grant Boulevard West

City Wabasha	State MN	Zip Code 55981-1098
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Elizabeth's Medical Center	Occupation (for Individual) 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		19		2016

Transaction ID : 23649105

Amount of Each Receipt this Period
250.00

Memo Item

C. Sisk, Lori, , Ms., RN, MHA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Third Avenue South

City Clear Lake	State SD	Zip Code 57226-2016
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Sanford Canby Medical Center	Occupation (for Individual) Chief Executive Officer
-------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
359.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2016

Transaction ID : 23649106

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 148
<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. Jacobson, Peter, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1027 Washington Avenue

City Detroit Lakes	State MN	Zip Code 56501-3409
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Essentia Health St. Mary's - Detroit L	Occupation (for Individual) 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	/	19	/	2016

Transaction ID : 23649107

Amount of Each Receipt this Period
175.00

Memo Item

B. Bonar, Robert, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2525 Chicago Avenue South

City Minneapolis	State MN	Zip Code 55404-4518
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Hospitals and Clinics of Mi	Occupation (for Individual) 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	/	19	/	2016

Transaction ID : 23649108

Amount of Each Receipt this Period
1000.00

Memo Item

C. Ash, Richard, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 450 Eastvold Avenue

City Ortonville	State MN	Zip Code 56278-1252
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United Hospital District	Occupation (for Individual) Chief Executive Officer
---------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
637.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2016

Transaction ID : 23649110

Amount of Each Receipt this Period
42.50

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 148
	<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. Lynch, Jack, J, Mr., III FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 South Bryn Mawr Avenue
 City Bryn Mawr State PA Zip Code 19010-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Main Line Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2016
Transaction ID : 23649196
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Johnson, Charles, L., Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19412 Stamford Dr
 City Livonia State MI Zip Code 48152-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartford HealthCare Occupation (for Individual) Executive Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2016
Transaction ID : 23649636
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Phillips, Donna, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 3007
 City Malvern State PA Zip Code 19355-0707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bryn Mawr Rehabilitation Hospital Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 27 / 2016
Transaction ID : 23650344
 Amount of Each Receipt this Period 500.00
 Memo Item

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 48 OF 148
<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. Deschene, Normand, E, Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 Varnum Avenue
 City Lowell State MA Zip Code 01854-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lowell General Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 27 / 2016
Transaction ID : 23650346
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Reynolds, Kevin, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 Sycamore Road
 City West Hartford State CT Zip Code 06117-2845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Francis Care, Inc. Occupation (for Individual) Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2016
Transaction ID : 23650355
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thorn, Eugene, A, Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 659 Boulevard
 City Dover State OH Zip Code 44622-2077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union Hospital Occupation (for Individual) Vice President Finance and Chief Finan
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2016
Transaction ID : 23650376
 Amount of Each Receipt this Period 250.00
 Memo Item

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 49 OF 148
	<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. Rowan, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid

City Cleveland	State OH	Zip Code 44195-5108
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Chief Legal 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		20		2016

Transaction ID : 23650381

Amount of Each Receipt this Period
250.00

Memo Item

B. Crech, Dale, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1381 Quaker Way

City Dayton	State OH	Zip Code 45458-2772
----------------	-------------	------------------------

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

Name of Employer (for Individual) Miami Valley Hospital	Occupation (for Individual) Chief Legal 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		20		2016

Transaction ID : 23650382

Amount of Each Receipt this Period
250.00

Memo Item

C. Strein, Stefan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 Harcourt Dr

City Cleveland Heights	State OH	Zip Code 44106-4614
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Chief Investment 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		20		2016

Transaction ID : 23650383

Amount of Each Receipt this Period
500.00

Memo Item

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 50 OF 148
	<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. Modic, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7716 Wooster Pike Road

City Seville	State OH	Zip Code 44273-9717
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Chief Clinical Transformation 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		20		2016

Transaction ID : 23650384

Amount of Each Receipt this Period
500.00

Memo Item

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

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 (for Individual) Miami Valley Hospital	Occupation (for Individual) 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		20		2016

Transaction ID : 23650385

Amount of Each Receipt this Period
500.00

Memo Item

C. Gallagher, Mary, L., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 East Broad Street,
15th Floor

City Columbus	State OH	Zip Code 43215-3609
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio Hospital Association	Occupation (for Individual) Vice President & General Counsel
----------------------------------------------------------------	-----------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : 23650386

Amount of Each Receipt this Period
875.00

Memo Item

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 51 OF 148
	<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. Smith, Neil, , Dr., DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18101 Lorain Avenue

City Cleveland	State OH	Zip Code 44111-5612
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cleveland Clinic Fairview Hospital	Occupation (for Individual) President
-------------------------------------------------------------------------	------------------------------------------

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		20		2016

Transaction ID : 23650387

Amount of Each Receipt this Period
1250.00

Memo Item

B. James, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Fallis Rd

City Columbus	State OH	Zip Code 43214-3771
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio Hospital Association	Occupation (for Individual) Chief 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		20		2016

Transaction ID : 23650388

Amount of Each Receipt this Period
250.00

Memo Item

C. Annable, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2464 Guilford RD

City Cleveland Heights	State OH	Zip Code 44118-4104
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) University Hospitals	Occupation (for Individual) Chief Quality 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		20		2016

Transaction ID : 23650389

Amount of Each Receipt this Period
500.00

Memo Item

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 52 OF 148
	<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. Gartland, Heidi, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7604 Andover Way
 City Hudson State OH Zip Code 44236-4616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Vice President Government 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 / 20 / 2016
Transaction ID : 23650397
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Szubski, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2375 Springside Oval
 City Brecksville State OH Zip Code 44141-3358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Chief Financial 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 / 20 / 2016
Transaction ID : 23650398
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Standley, Steven, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3605 Warrensville Center Rd # MSC9
 City Beachwood State OH Zip Code 44122-5203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Vincent Charity Medical Center Occupation (for Individual) 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 / 20 / 2016
Transaction ID : 23650399
 Amount of Each Receipt this Period 500.00
 Memo Item

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 53 OF 148
	<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. Tait, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6560 Thorntree Drive

City Brecksville	State OH	Zip Code 44141-1769
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University Hospitals	Occupation (for Individual) Sr VP, Strategic Planning & Bus Develo
-----------------------------------------------------------	-----------------------------------------------------------------------

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		20		2016

Transaction ID : 23650400

Amount of Each Receipt this Period
500.00

Memo Item

B. Bishop, Sherri, L., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1048 Forest Cliff Drive

City Lakewood	State OH	Zip Code 44107-1216
------------------	-------------	------------------------

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

Name of Employer (for Individual) University Hospitals Cleveland Medical	Occupation (for Individual) Chief Development 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		20		2016

Transaction ID : 23650401

Amount of Each Receipt this Period
125.00

Memo Item

C. Krebs, Mary Jane, , Ms., APRN, BC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Andover Road

City Westbrook	State ME	Zip Code 04092-3848
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Spring Harbor Hospital	Occupation (for Individual) 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		2016

Transaction ID : 23650622

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 148
	<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. Greene, George, W, Mr., ESQ
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 707 Richards Street, PH2

City Honolulu	State HI	Zip Code 96813-4613
------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) 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	/	27	/	2016

Transaction ID : 23650623

Amount of Each Receipt this Period

125.00

 Memo Item

B. Anderson, Dianne, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 Pond View Road

City Holliston	State MA	Zip Code 01746-1495
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lawrence General Hospital	Occupation (for Individual) 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	/	21	/	2016

Transaction ID : 23650624

Amount of Each Receipt this Period

750.00

 Memo Item

C. Gougeon, Michele, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Mill Street

City Belmont	State MA	Zip Code 02478-1064
-----------------	-------------	------------------------

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

Name of Employer (for Individual) McLean Hospital	Occupation (for Individual) Executive Vice President and Chief Ope
------------------------------------------------------	-----------------------------------------------------------------------

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	/	21	/	2016

Transaction ID : 23650625

Amount of Each Receipt this Period

262.50

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1137.50
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 55 OF 148
	<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. Evans, Stephen, R. T., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6609 Pyle Road
 City Bethesda State MD Zip Code 20817-5453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : 23650714
 Amount of Each Receipt this Period
 340.00
 Memo Item

B. Johnson, Oliver, M., , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14717 Dover Road
 City Reisterstown State MD Zip Code 21136-3813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) Executive Vice President & Gen'l Coun
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : 23650715
 Amount of Each Receipt this Period
 340.00
 Memo Item

C. Maxwell, Mary, Joy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20265 Water Mark Place
 City Potomac Falls State VA Zip Code 20165-5134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) EVP COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : 23650717
 Amount of Each Receipt this Period
 340.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
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 148
	<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. Samet, Kenneth, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8820 Burdette Road
 City Bethesda State MD Zip Code 20817-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : 23650718
 Amount of Each Receipt this Period
 510.00
 Memo Item

B. Ali, Karen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Sherbrook Drive
 City Princeton State NJ Zip Code 08550-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Jersey Hospital Association Occupation (for Individual) General Counsel, Legal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2016
Transaction ID : 23650725
 Amount of Each Receipt this Period
 6.50
 Memo Item

C. Carr, Joseph, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Chief Information 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 / 23 / 2016
Transaction ID : 23650729
 Amount of Each Receipt this Period
 6.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	523.00
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 57 OF 148
	<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. Cooper, Belinda, Brown, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President, Human Resources
 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 / 23 / 2016
Transaction ID : 23650732
 Amount of Each Receipt this Period 6.50
 Memo Item

B. Edelstein, Theresa, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President Continuing Care Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2016
Transaction ID : 23650737
 Amount of Each Receipt this Period 6.50
 Memo Item

C. Eicher, Neil, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Deputy Director, Government Relations
 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 / 23 / 2016
Transaction ID : 23650738
 Amount of Each Receipt this Period 6.50
 Memo Item

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 58 OF 148
	<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. Garrett, Robert, C, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Eagle Nest Rd

City Morristown	State NJ	Zip Code 07960-6430
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack Meridian Health	Occupation (for Individual) Co-Chief Executive Officer
-----------------------------------------------------------------	-----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : 23650739

Amount of Each Receipt this Period
975.00

Memo Item

B. Guerriero, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President
----------------------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : 23650740

Amount of Each Receipt this Period
6.50

Memo Item

C. Hopkins, Sean, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6180 Lower Mountain Road

City New Hope	State PA	Zip Code 18938-5760
------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Sr. VP., Health Economics
----------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
460.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : 23650741

Amount of Each Receipt this Period
6.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	988.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 148
	<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. Lavins, David, P., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.99

Date of Receipt 12 / 23 / 2016
Transaction ID : 23650745
 Amount of Each Receipt this Period 6.50
 Memo Item

B. Sarao, Roger, D., Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Poppy Lane
 City Howell State NJ Zip Code 07731-1451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Jersey Hospital Association Occupation (for Individual) VP Health Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 23 / 2016
Transaction ID : 23650753
 Amount of Each Receipt this Period 6.50
 Memo Item

C. Slotman, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) VP, GME and Teaching Hospital Issues
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 612.29

Date of Receipt 12 / 23 / 2016
Transaction ID : 23650756
 Amount of Each Receipt this Period 6.50
 Memo Item

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:	PAGE 60 OF 148
	(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"/> 15
	<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. Zuino, Matthew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 147 Country Club Drive

City Moorestown	State NJ	Zip Code 08057-3975
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtua	Occupation (for Individual) Senior Vice President Hospital Service
---------------------------------------------	-----------------------------------------------------------------------

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	/	23	/	2016

Transaction ID : 23650762

Amount of Each Receipt this Period
227.50

Memo Item

B. Bledsoe, Kristi, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) St. Vincent Frankfort Hospital	Occupation (for Individual) Administrator
---------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : 23650764

Amount of Each Receipt this Period
250.00

Memo Item

C. Costello, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10380 Adams Road

City Granger	State IN	Zip Code 46530-8608
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Memorial Hospital of South Bend	Occupation (for Individual) 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	/	21	/	2016

Transaction ID : 23650765

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	602.50
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 61 OF 148
	<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. Holman, Steve, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8132 N. County Road 700 W

City Brazil	State IN	Zip Code 47834-7848
----------------	-------------	------------------------

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

Name of Employer (for Individual) Union Hospital	Occupation (for Individual) 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		2016

Transaction ID : 23650767

Amount of Each Receipt this Period
500.00

Memo Item

B. Kinyon, Craig, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Reid Health	Occupation (for Individual) 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		21		2016

Transaction ID : 23650769

Amount of Each Receipt this Period
500.00

Memo Item

C. Rivas, Isadore, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2227 Running Brook Place

City Greenwood	State IN	Zip Code 46143-9252
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hendricks Regional Health	Occupation (for Individual) 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		21		2016

Transaction ID : 23650770

Amount of Each Receipt this Period
250.00

Memo Item

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 62 OF 148
	<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. LeBlanc, Stephen, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Medical Center Drive

City Lebanon	State NH	Zip Code 03756-1000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center	Occupation (for Individual) 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		21		2016

Transaction ID : 23650773

Amount of Each Receipt this Period
500.00

Memo Item

B. McKinnon, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3073 White Mountain Highway

City North Conway	State NH	Zip Code 03860-7101
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Memorial Hospital	Occupation (for Individual) 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		21		2016

Transaction ID : 23650774

Amount of Each Receipt this Period
350.00

Memo Item

C. Teynor, Tim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Sixth Street SW

City Canton	State OH	Zip Code 44710-1702
----------------	-------------	------------------------

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

Name of Employer (for Individual) Aultman Hospital	Occupation (for Individual) 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		20		2016

Transaction ID : 23650782

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	975.00
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 148
	<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. Halpin, Jean, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 199 West Main Street

City Shelby	State OH	Zip Code 44875-1490
----------------	-------------	------------------------

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

Name of Employer (for Individual) OhioHealth MedCentral Mansfield Hospit	Occupation (for Individual) 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		20		2016

Transaction ID : 23650789

Amount of Each Receipt this Period
250.00

Memo Item

B. Vanderhoff, Bruce, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13949 Bainwick DR

City Pickerington	State OH	Zip Code 43147-9860
----------------------	-------------	------------------------

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

Name of Employer (for Individual) OhioHealth	Occupation (for Individual) Senior Vice President and Chief Medic
-------------------------------------------------	----------------------------------------------------------------------

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		20		2016

Transaction ID : 23650790

Amount of Each Receipt this Period
250.00

Memo Item

C. Thornhill, Hugh, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7831 Shepherd Dr

City Powell	State OH	Zip Code 43065-7149
----------------	-------------	------------------------

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

Name of Employer (for Individual) OhioHealth	Occupation (for Individual) President, OhioHealth Physician Group
-------------------------------------------------	----------------------------------------------------------------------

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		20		2016

Transaction ID : 23650791

Amount of Each Receipt this Period
250.00

Memo Item

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 64 OF 148
	<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. Hagen, Bruce, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 McKinley Park Drive

City Marion	State OH	Zip Code 43302-6399
----------------	-------------	------------------------

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

Name of Employer (for Individual) OhioHealth Marion General Hospital	Occupation (for Individual) 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		20		2016

Transaction ID : 23650792

Amount of Each Receipt this Period
250.00

Memo Item

B. Walker, Geoffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Good Samaritan Hospital	Occupation (for Individual) Corporate Counsel
--------------------------------------------------------------	--------------------------------------------------

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		20		2016

Transaction ID : 23650793

Amount of Each Receipt this Period
250.00

Memo Item

C. DePompei, Patricia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2074 Abington Road

City Cleveland	State OH	Zip Code 44106
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rainbow Babies and Children's Hospital	Occupation (for Individual) 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		20		2016

Transaction ID : 23650794

Amount of Each Receipt this Period
250.00

Memo Item

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 65 OF 148
	<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. Remark, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Sixth Street SW
 City Canton State OH Zip Code 44710-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aultman Hospital Occupation (for Individual) 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 / 20 / 2016
Transaction ID : 23650795
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Broner, Eloise, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Good Samaritan Hospital Occupation (for Individual) 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 / 20 / 2016
Transaction ID : 23650796
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Rice, Rebecca, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Upper Valley Medical Center Occupation (for Individual) Vice President Patient 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 / 20 / 2016
Transaction ID : 23650797
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 66 OF 148
	<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. Louge, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1995 Sherborne Lane
 City Powell State OH Zip Code 43065-8555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) Executive Vice President and Chief Fin
 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 / 20 / 2016
Transaction ID : 23650798
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Duncan, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10267 Cherry Tree Terrace
 City Dayton State OH Zip Code 45458-9431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Samaritan Hospital Occupation (for Individual) 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 / 20 / 2016
Transaction ID : 23650799
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Jackson, Carlos, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3103 Montgomery Rd
 City Shaker Heights State OH Zip Code 44122-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Senior 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 / 20 / 2016
Transaction ID : 23650800
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 67 OF 148
	<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. Burchfield, Joe, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) Asst. Vice President
---------------------------------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
693.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : 23650821

Amount of Each Receipt this Period
693.00

Memo Item

B. Clarke, Chris, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) Senior Vice President, Center for Pati
---------------------------------------------------------------------	-----------------------------------------------------------------------

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	/	2016

Transaction ID : 23650822

Amount of Each Receipt this Period
500.00

Memo Item

C. Daniels, Jerrod, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) General Counsel
---------------------------------------------------------------------	------------------------------------------------

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	/	2016

Transaction ID : 23650823

Amount of Each Receipt this Period
240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1433.00
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 68 OF 148
<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. Dietrich, Michael, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) Assistant 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	/	21	/	2016

Transaction ID : 23650824

Amount of Each Receipt this Period
500.00

Memo Item

B. Giese, Chris, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) Vice President of Business Developme
---------------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : 23650825

Amount of Each Receipt this Period
366.56

Memo Item

C. Goodloe, James, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) 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	/	21	/	2016

Transaction ID : 23650826

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1366.56
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 69 OF 148
	<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. Jolley, Bill, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) Vice-President-Rural Health Issues
---------------------------------------------------------------------	-------------------------------------------------------------------

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		2016

Transaction ID : 23650827

Amount of Each Receipt this Period
500.00

Memo Item

B. Mayo, Patrice, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) Vice President - Operations
---------------------------------------------------------------------	------------------------------------------------------------

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		21		2016

Transaction ID : 23650828

Amount of Each Receipt this Period
300.00

Memo Item

C. Metzger, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) 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		21		2016

Transaction ID : 23650829

Amount of Each Receipt this Period
250.00

Memo Item

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 70 OF 148
<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. Neiger, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) VP Accounting/ Chief Financial Officer
---------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : 23650830

Amount of Each Receipt this Period
360.00

Memo Item

B. Swart, Darlene, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) Vice President and Clinical Director
---------------------------------------------------------------------	---------------------------------------------------------------------

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	/	21	/	2016

Transaction ID : 23650833

Amount of Each Receipt this Period
500.00

Memo Item

C. Walters, Gwyn, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tennessee Hospital Association	Occupation (for Individual) VP for Research and Reimbursement
---------------------------------------------------------------------	------------------------------------------------------------------

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	/	2016

Transaction ID : 23650834

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1360.00
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 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Harrison, Dean, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Northwestern Memorial Healthcare	Occupation (for Individual) 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	/	21	/	2016

Transaction ID : 23650853

Amount of Each Receipt this Period
1000.00

Memo Item

B. Floyd, Richard, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 Dempster Street

City Park Ridge	State IL	Zip Code 60068-1143
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Advocate Lutheran General Hospital	Occupation (for Individual) President
-------------------------------------------------------------------------	------------------------------------------

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	/	21	/	2016

Transaction ID : 23650854

Amount of Each Receipt this Period
750.00

Memo Item

C. Lubotsky, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Advocate Health Care	Occupation (for Individual) Vice President
-----------------------------------------------------------	-----------------------------------------------

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	/	21	/	2016

Transaction ID : 23650855

Amount of Each Receipt this Period
750.00

Memo Item

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 72 OF 148
	<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. Powder, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 Dempster

City Park Ridge	State IL	Zip Code 60068-1143
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Advocate Lutheran General Hospital	Occupation (for Individual) SVP, Strategic Planning & Growth
-------------------------------------------------------------------------	-----------------------------------------------------------------

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		21		2016

Transaction ID : 23650856

Amount of Each Receipt this Period
750.00

Memo Item

B. Shepley, Aaron, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 385 Millennium Drive

City Crystal Lake	State IL	Zip Code 60012-3740
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Centegra Hospital - McHenry	Occupation (for Individual) Senior Vice President, Administrative
------------------------------------------------------------------	----------------------------------------------------------------------

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		21		2016

Transaction ID : 23650857

Amount of Each Receipt this Period
750.00

Memo Item

C. Brooks, Harley, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4909 N. Ravenswood Ave

City Chicago	State IL	Zip Code 60640-1482
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Advocate Trinity Hospital	Occupation (for Individual) 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		21		2016

Transaction ID : 23650858

Amount of Each Receipt this Period
250.00

Memo Item

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 73 OF 148
	<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. Cooke, David, , Dr., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 N. Winfield Road

City Winfield	State IL	Zip Code 60190-1227
------------------	-------------	------------------------

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

Name of Employer (for Individual) Northwestern Medicine Central DuPage H	Occupation (for Individual) 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		21		2016

Transaction ID : 23650859

Amount of Each Receipt this Period
250.00

Memo Item

B. Kuida, Elliot, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Locust Avenue

City Charlottesville	State VA	Zip Code 22902-9940
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Martha Jefferson Hospital	Occupation (for Individual) Vice President and Chief Operating Off
----------------------------------------------------------------	-----------------------------------------------------------------------

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		2016

Transaction ID : 23650860

Amount of Each Receipt this Period
250.00

Memo Item

C. McCune, Kevin, , Dr., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 843 Prairie Lawn Road

City Glenview	State IL	Zip Code 60025-4041
------------------	-------------	------------------------

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

Name of Employer (for Individual) Advocate Lutheran General Hospital	Occupation (for Individual) 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		21		2016

Transaction ID : 23650861

Amount of Each Receipt this Period
250.00

Memo Item

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 74 OF 148
	<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. Moran, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 590 Ahlstrand Rd

City Glen Ellyn	State IL	Zip Code 60137-7108
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Northwestern Memorial Healthcare	Occupation (for Individual) 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		21		2016

Transaction ID : 23650862

Amount of Each Receipt this Period
250.00

Memo Item

B. Steadham, Mark, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 West High Street

City Morris	State IL	Zip Code 60450-1463
----------------	-------------	------------------------

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

Name of Employer (for Individual) Morris Hospital & Healthcare Centers	Occupation (for Individual) 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		21		2016

Transaction ID : 23650863

Amount of Each Receipt this Period
250.00

Memo Item

C. Keller, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 835 Smoke Tree Road

City Deerfield	State IL	Zip Code 60015-4558
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Advocate Health Care	Occupation (for Individual) Vice President
-----------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

Transaction ID : 23650867

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 75 OF 148
	<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. Morrison, Maureen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2320 East 93rd Street
 City Chicago State IL Zip Code 60617-9984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocate Trinity Hospital Occupation (for Individual) Vice President Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 21 / 2016
Transaction ID : 23650870
 Amount of Each Receipt this Period 150.00
 Memo Item

B. McCausland, Maureen, P, Dr., DNSc, RN,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5565 Sterrett Place, 5th Floor
 City Columbia State MD Zip Code 21044-2665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) Sr. Vice President and Chief Nursing O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 22 / 2016
Transaction ID : 23650941
 Amount of Each Receipt this Period 340.00
 Memo Item

C. Solomon, Susan, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2172 W Leland Ave
 City Chicago State IL Zip Code 60625-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) VP & Deputy Gen'l Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 29 / 2016
Transaction ID : 23650951
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	840.00
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 76 OF 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Nelson, David, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CHI St. Francis Health	Occupation (for Individual) President
-------------------------------------------------------------	------------------------------------------

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	/	27	/	2016

Transaction ID : 23658477

Amount of Each Receipt this Period
750.00

Memo Item

B. Wheeler, Penny, Ann, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 43

City Minneapolis	State MN	Zip Code 55440-0043
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Allina Health	Occupation (for Individual) 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	/	27	/	2016

Transaction ID : 23658482

Amount of Each Receipt this Period
1000.00

Memo Item

C. Coleman, Fred E., , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14505 NW 52nd Ct

City Vancouver	State WA	Zip Code 98685-0511
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Legacy Health	Occupation (for Individual) Medical Director, Surgical Specialty
----------------------------------------------------	---------------------------------------------------------------------

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	/	2016

Transaction ID : 23658499

Amount of Each Receipt this Period
250.00

Memo Item

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 77 OF 148
	<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. Shipley, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 SE 164th Avenue
 City Vancouver State WA Zip Code 98683-9324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PeaceHealth Occupation (for Individual) System VP for Govt. Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2016
Transaction ID : 23658500
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hodgkinson, Kimberly, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15000 NE 11th St
 City Vancouver State WA Zip Code 98684-3672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PeaceHealth Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2016
Transaction ID : 23658501
 Amount of Each Receipt this Period 500.00
 Memo Item

C. O'Brien, Beth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17006 NE 30th Ave
 City Ridgefield State WA Zip Code 98642-8028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PeaceHealth Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2016
Transaction ID : 23658502
 Amount of Each Receipt this Period 250.00
 Memo Item

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 78 OF 148 (check only one)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dunne, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 SE 164th Avenue

City Vancouver	State WA	Zip Code 98683-9324
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PeaceHealth	Occupation (for Individual) President and Chief Executive Officer
--------------------------------------------------	----------------------------------------------------------------------

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 / 28 / 2016

Transaction ID : 23658503

Amount of Each Receipt this Period
 250.00

Memo Item

B. Parr, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2032 Chapman Hill Dr NW

City Salem	State OR	Zip Code 97304-2531
---------------	-------------	------------------------

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

Name of Employer (for Individual) Salem Health West Valley	Occupation (for Individual) 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 / 28 / 2016

Transaction ID : 23658504

Amount of Each Receipt this Period
 250.00

Memo Item

C. Edwards, Teresa, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Kempsville Road

City Norfolk	State VA	Zip Code 23502-3920
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Leigh Hospital	Occupation (for Individual) President and Administrator
-------------------------------------------------------------	------------------------------------------------------------

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 / 21 / 2016

Transaction ID : 23660079

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 148
	<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. Prevette, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1804 Church Side Lane

City Virginia Beach	State VA	Zip Code 23454-1022
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Bon Secours-DePaul Medical Center	Occupation (for Individual) Director/Advocacy
------------------------------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

Transaction ID : 23660080

Amount of Each Receipt this Period
50.00

Memo Item

B. Bailey, Christopher, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2814 Northlake Drive

City Richmond	State VA	Zip Code 23233-3320
------------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Hospital & Healthcare Associa	Occupation (for Individual) Senior Vice President
-----------------------------------------------------------------------------	------------------------------------------------------

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		21		2016

Transaction ID : 23660081

Amount of Each Receipt this Period
375.00

Memo Item

C. Littlepage, Donna, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 25

City Roanoke	State VA	Zip Code 24002-0025
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Carilion Clinic	Occupation (for Individual) Vice President, Finance
------------------------------------------------------	--------------------------------------------------------

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		27		2016

Transaction ID : 23660103

Amount of Each Receipt this Period
210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	635.00
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 148
	<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. Vaughan, Rob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 Bogey Lane
 City Salem State VA Zip Code 24153-6858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion New River Valley Medical Cent Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2016
Transaction ID : 23660104
 Amount of Each Receipt this Period
 225.00
 Memo Item

B. Burns, Webb, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2817 Avenham Ave SW
 City Roanoke State VA Zip Code 24014-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) VP, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2016
Transaction ID : 23660106
 Amount of Each Receipt this Period
 162.51
 Memo Item

C. Perry, Keith, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2258 Sewell Lane, SW
 City Roanoke State VA Zip Code 24015-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) Vice President & CIO
 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 / 27 / 2016
Transaction ID : 23660107
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	687.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 148
	<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. Holland, Shirley, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Lila Lane

City Boones Mill	State VA	Zip Code 24065-3749
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Carilion Clinic	Occupation (for Individual) Vice President/Strategic Development
------------------------------------------------------	---------------------------------------------------------------------

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 / 27 / 2016

Transaction ID : 23660108

Amount of Each Receipt this Period
300.00

Memo Item

B. Jacobsen, William, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Floyd Avenue

City Rocky Mount	State VA	Zip Code 24151-1318
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Carilion Franklin Memorial Hospital	Occupation (for Individual) Vice President and Administrator
--------------------------------------------------------------------------	-----------------------------------------------------------------

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 / 27 / 2016

Transaction ID : 23660109

Amount of Each Receipt this Period
300.00

Memo Item

C. Halliwill, Donald, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 5

City Radford	State VA	Zip Code 24143-0005
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Carilion Clinic	Occupation (for Individual) Senior Vice President and Chief Financ
------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
562.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2016

Transaction ID : 23660110

Amount of Each Receipt this Period
499.99

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1099.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 148
	<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. Hines, Grace, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 Spoon Court

City Yorktown	State VA	Zip Code 23693-5591
------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) 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	/	29	/	2016

Transaction ID : 23660151

Amount of Each Receipt this Period
25.00

Memo Item

B. Santry, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 803 Park Ave

City Herndon	State VA	Zip Code 20170-3214
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Inova Health System	Occupation (for Individual) Senior Vice President Business Develo
----------------------------------------------------------	----------------------------------------------------------------------

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	/	29	/	2016

Transaction ID : 23660152

Amount of Each Receipt this Period
300.00

Memo Item

C. Addo, Deborah, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 Lionheart Terrace

City Falling Waters	State WV	Zip Code 25419-3743
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Inova Health System	Occupation (for Individual) Chief Executive Officer and SVP
----------------------------------------------------------	----------------------------------------------------------------

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	/	29	/	2016

Transaction ID : 23660153

Amount of Each Receipt this Period
300.00

Memo Item

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 83 OF 148
	<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. Mohawk, Russell, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7237 Auburn St
 City Annandale State VA Zip Code 22003-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inova Health System Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2016
Transaction ID : 23660154
 Amount of Each Receipt this Period 300.00
 Memo Item

B. DiLisi, Jeffrey, P, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1861 Amberwood Manor
 City Vienna State VA Zip Code 22182-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Hospital Center - Arlington Occupation (for Individual) Vice President and Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2016
Transaction ID : 23660156
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Taylor, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 High Borough
 City Virginia Beach State VA Zip Code 23452-7051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentara Healthcare Occupation (for Individual) SVP Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 29 / 2016
Transaction ID : 23660157
 Amount of Each Receipt this Period 450.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 148
	<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. Broermann, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6015 Poplar Hall Drive

City Norfolk	State VA	Zip Code 23502-3819
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) Senior Vice President and Chief Financ
---------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

Transaction ID : 23660158

Amount of Each Receipt this Period
450.00

Memo Item

B. Rehn, Ronald, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 688 C Mahoney Rd

City Colville	State WA	Zip Code 99114-8748
------------------	-------------	------------------------

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

Name of Employer (for Individual) Providence Mount Carmel Hospital	Occupation (for Individual) Chief Executive Officer
-----------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

Transaction ID : 23660743

Amount of Each Receipt this Period
120.00

Memo Item

C. Moore, Kimberly, , Ms., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 130th Ave SE

City Bellevue	State WA	Zip Code 98005-3626
------------------	-------------	------------------------

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

Name of Employer (for Individual) Franciscan Health System	Occupation (for Individual) Vice President & Associate CMO
---------------------------------------------------------------	---------------------------------------------------------------

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	/	28	/	2016

Transaction ID : 23660745

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	970.00
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 85 OF 148
	<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. Worden, Ian, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 7th Court, FL

City Fox Island	State WA	Zip Code 98333-9771
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Franciscan Health System	Occupation (for Individual) Chief Operating Officer
-------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : 23660748

Amount of Each Receipt this Period
400.00

Memo Item

B. Brezsky, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Kentucky Hospital Association	Occupation (for Individual) 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		27		2016

Transaction ID : 23660764

Amount of Each Receipt this Period
250.00

Memo Item

C. Cobb, Elizabeth, G., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Kentucky Hospital Association	Occupation (for Individual) Director of Health Policy
--------------------------------------------------------------------	----------------------------------------------------------

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		27		2016

Transaction ID : 23660765

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 148
	<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. Galvagni, Nancy, C., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kentucky Hospital Association Occupation (for Individual) 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 / 27 / 2016
Transaction ID : 23660766
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nicholson, Sarah, S., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kentucky Hospital Association Occupation (for Individual) 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 / 27 / 2016
Transaction ID : 23660767
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Smith, April, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3528 Deibel Way
 City Louisville State KY Zip Code 40220-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kentucky Hospital Association Occupation (for Individual) 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 / 27 / 2016
Transaction ID : 23660768
 Amount of Each Receipt this Period 250.00
 Memo Item

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 87 OF 148
	<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. Walters, Carol, J., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kentucky Hospital Association Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 27 / 2016
Transaction ID : 23660771
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Warnick, Charles, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Hilltop Meadow
 City Frankfort State KY Zip Code 46001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kentucky Hospital Association Occupation (for Individual) Director of Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 27 / 2016
Transaction ID : 23660772
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Aubin, Michael, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6445 Renwick Circle
 City Tampa State FL Zip Code 33647-1176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BayCare Health System Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2016
Transaction ID : 23660957
 Amount of Each Receipt this Period 250.00
 Memo Item

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 88 OF 148
<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. Baum, Phyllis, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16520 South East 155th Avenue

City Weirsdale	State FL	Zip Code 32195
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Central Florida Health Alliance	Occupation (for Individual) Vice President/Chief Quality 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	/	27	/	2016

Transaction ID : 23660959

Amount of Each Receipt this Period
250.00

Memo Item

B. Ehtisham, Saad, , Mr., RN, MBA, M
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9548 Mid Summer

City Leesburg	State FL	Zip Code 34788-3698
------------------	-------------	------------------------

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

Name of Employer (for Individual) Central Florida Health Alliance	Occupation (for Individual) Senior VP and Chief Operating Officer
----------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2016

Transaction ID : 23661141

Amount of Each Receipt this Period
250.00

Memo Item

C. Henderson, Donald, G, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1451 El Camino Real

City The Villages	State FL	Zip Code 32159-0041
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Central Florida Health	Occupation (for Individual) 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	/	27	/	2016

Transaction ID : 23661390

Amount of Each Receipt this Period
1000.00

Memo Item

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 89 OF 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Keeley, Brian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6855 Red Road, Suite 600

City Coral Gables	State FL	Zip Code 33143-3632
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Health South Florida	Occupation (for Individual) 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	/	27	/	2016

Transaction ID : 23661394

Amount of Each Receipt this Period
1000.00

Memo Item

B. Lord, Robert, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1050 SW Chapman Way

City Palm City	State FL	Zip Code 34990-2473
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Martin Health System	Occupation (for Individual) 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	/	27	/	2016

Transaction ID : 23661396

Amount of Each Receipt this Period
1000.00

Memo Item

C. Moore, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 Don Wickham Drive

City Clermont	State FL	Zip Code 34711-1979
------------------	-------------	------------------------

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

Name of Employer (for Individual) South Lake Hospital	Occupation (for Individual) 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	/	27	/	2016

Transaction ID : 23661400

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 148
	<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. Susi, Jeffrey, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 36th Street

City Vero Beach	State FL	Zip Code 32960-6592
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Indian River Medical Center	Occupation (for Individual) 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		27		2016

Transaction ID : 23661413

Amount of Each Receipt this Period
1000.00

Memo Item

B. VanOsdol, Thomas, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3709 Pine Street

City Jacksonville	State FL	Zip Code 32205-9418
----------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Vincent's Medical Center Riverside	Occupation (for Individual) Interim 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		27		2016

Transaction ID : 23661415

Amount of Each Receipt this Period
1000.00

Memo Item

C. Fernandez, Aurelio, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 SW 172nd Avenue

City Miramar	State FL	Zip Code 33029-5592
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Memorial Healthcare System	Occupation (for Individual) 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		27		2016

Transaction ID : 23661419

Amount of Each Receipt this Period
1000.00

Memo Item

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 91 OF 148
	<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. Williamson, Don, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8113 Lichfield Ct

City Montgomery	State AL	Zip Code 36117-5124
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Alabama Hospital Association	Occupation (for Individual) 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		2016

Transaction ID : 23661509

Amount of Each Receipt this Period
1000.00

Memo Item

B. Blackmon, Rosemary, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 547 Le Grand Place

City Montgomery	State AL	Zip Code 36106-1825
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Alabama Hospital Association	Occupation (for Individual) 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		28		2016

Transaction ID : 23661510

Amount of Each Receipt this Period
1000.00

Memo Item

C. Warren, Wm., Michael, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 Seventh Avenue South

City Birmingham	State AL	Zip Code 35233-1711
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's of Alabama	Occupation (for Individual) 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		2016

Transaction ID : 23661511

Amount of Each Receipt this Period
1000.00

Memo Item

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 92 OF 148
	<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. Spillers, David, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Sivley Road SW

City Huntsville	State AL	Zip Code 35801-4421
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Huntsville Hospital	Occupation (for Individual) 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		2016

Transaction ID : 23661512

Amount of Each Receipt this Period
1000.00

Memo Item

B. Nichols, Gregory, A., Mr., CHFM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) East Alabama Medical Center	Occupation (for Individual) 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		28		2016

Transaction ID : 23661513

Amount of Each Receipt this Period
1000.00

Memo Item

C. Zartman, Bruce, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) East Alabama Medical Center	Occupation (for Individual) Assistant 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		28		2016

Transaction ID : 23661514

Amount of Each Receipt this Period
1000.00

Memo Item

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 93 OF 148
	<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. Lane, Thomas, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2407 11th Avenue

City Valley	State AL	Zip Code 36854-2606
----------------	-------------	------------------------

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

Name of Employer (for Individual) East Alabama Medical Center-Lanier	Occupation (for Individual) 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		28		2016

Transaction ID : 23661515

Amount of Each Receipt this Period
1000.00

Memo Item

B. Andrus, Terry, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) East Alabama Medical Center	Occupation (for Individual) 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		2016

Transaction ID : 23661516

Amount of Each Receipt this Period
1000.00

Memo Item

C. Fullum, Jane, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 839 Millers Point Rd

City Auburn	State AL	Zip Code 36830-7628
----------------	-------------	------------------------

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

Name of Employer (for Individual) East Alabama Medical Center	Occupation (for Individual) Vice President Patient Care 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		28		2016

Transaction ID : 23661517

Amount of Each Receipt this Period
1000.00

Memo Item

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 94 OF 148
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	<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. Nutter, Roben, H, Mrs., MBA, CPHQ
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) East Alabama Medical Center Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661518
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Milner, Eve, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Jefferson Place
 City Lagrange State GA Zip Code 30240-8527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Alabama Medical Center-Lanier Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661521
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Thrasher, Dennis, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2190 Springwood Drive
 City Auburn State AL Zip Code 36830-7200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Alabama Medical Center Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661522
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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 95 OF 148
	<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. Gray, Sarah, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Pheasant Dr
 City Opelika State AL Zip Code 36801-3363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Alabama Medical Center Occupation (for Individual) Vice President Information Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661523
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Moran, LeAnne, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) East Alabama Medical Center Occupation (for Individual) Assistant Vice President/Revenue Cycl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661524
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Bell, Laura, W., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) East Alabama Medical Center Occupation (for Individual) Asst. Vice President/ Quality Managemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661525
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 96 OF 148
	<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. Johnston, Susan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) East Alabama Medical Center Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661526
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Price, Sam, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Pepperell Parkway
 City Opelika State AL Zip Code 36802-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Alabama Medical Center Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661527
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Grill, Laura, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) East Alabama Medical Center Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661528
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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 97 OF 148
	<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. Lott, Ken, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) East Alabama Medical Center	Occupation (for Individual) 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		28		2016

Transaction ID : 23661529

Amount of Each Receipt this Period
1000.00

Memo Item

B. Biddle, Neeya, , Ms., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) St. Vincent's Birmingham	Occupation (for Individual) 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		2016

Transaction ID : 23661530

Amount of Each Receipt this Period
1000.00

Memo Item

C. Gore, Gary, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Marshall Health System	Occupation (for Individual) 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		2016

Transaction ID : 23661531

Amount of Each Receipt this Period
1000.00

Memo Item

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 98 OF 148
<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. Kennedy, Todd, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Medical Park East Drive
 City Birmingham State AL Zip Code 35235-9987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661532
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Sisk, Glenn, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Coosa Valley Medical Center Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661533
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ferniany, William, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 22nd Street South, Suite 408
 City Birmingham State AL Zip Code 35233-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Health System Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661534
 Amount of Each Receipt this Period 500.00
 Memo Item

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 99 OF 148
	<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. Howard, Danne, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 Chadwick Lane
 City Montgomery State AL Zip Code 36117-8962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alabama Hospital Association Occupation (for Individual) Senior Vice President Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 28 / 2016**
Transaction ID : 23661535
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Whatley, Margaret, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8223 Greyfield Dr
 City Montgomery State AL Zip Code 36117-6913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alabama Hospital Association Occupation (for Individual) Director, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 28 / 2016**
Transaction ID : 23661536
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Ashmore, Wesley, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8933 Saw Tooth Loop
 City Pike Road State AL Zip Code 36064-2368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alabama Hospital Association Occupation (for Individual) Director of Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 28 / 2016**
Transaction ID : 23661537
 Amount of Each Receipt this Period **500.00**
 Memo Item

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 100 OF 148
	<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. Knight, Jane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1612 Salisbury Place
 City Montgomery State AL Zip Code 36117-2562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alabama Hospital Association Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661538
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. McCormack, J., David, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2208
 City Anniston State AL Zip Code 36202-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vaughan Regional Medical Center Occupation (for Individual) 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 / 2016
Transaction ID : 23661539
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dean, Ronald, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 Spradley Dr
 City Troy State AL Zip Code 36079-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Troy Regional Medical Center Occupation (for Individual) 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 / 2016
Transaction ID : 23661540
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 101 OF 148
	<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. Smith, Janet, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Highway 231 South

City Troy	State AL	Zip Code 36081-3058
--------------	-------------	------------------------

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

Name of Employer (for Individual) Troy Regional Medical Center	Occupation (for Individual) 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		28		2016

Transaction ID : 23661542

Amount of Each Receipt this Period
500.00

Memo Item

B. Grimes, Teresa, G, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Highway 231 South

City Troy	State AL	Zip Code 36081-3058
--------------	-------------	------------------------

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

Name of Employer (for Individual) Washington County Hospital	Occupation (for Individual) 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		2016

Transaction ID : 23661543

Amount of Each Receipt this Period
500.00

Memo Item

C. Griffin, Christopher, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 908

City Brewton	State AL	Zip Code 36427-0908
-----------------	-------------	------------------------

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

Name of Employer (for Individual) D. W. McMillan Memorial Hospital	Occupation (for Individual) 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		2016

Transaction ID : 23661544

Amount of Each Receipt this Period
500.00

Memo Item

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 102 OF 148
	<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. Pryor, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 999
 City Athens State AL Zip Code 35612-0999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Athens-Limestone Hospital Occupation (for Individual) 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 / 2016
Transaction ID : 23661545
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Shufflebarger, Tom, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Seventh Avenue South
 City Birmingham State AL Zip Code 35233-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's of Alabama Occupation (for Individual) 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 / 28 / 2016
Transaction ID : 23661546
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Patterson, Anthony, , Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 19th Street South
 City Birmingham State AL Zip Code 35249-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alabama Hospital Occupation (for Individual) Senior Vice President Inpatient Servic
 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 / 2016
Transaction ID : 23661552
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 103 OF 148
	<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. Jones, Reid, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7634 Cottonridge Rd
 City Trussville State AL Zip Code 35173-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Health System Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661553
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brannon, Jeffrey, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 886
 City Monroeville State AL Zip Code 36461-0886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monroe County Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661554
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Clark, Ralph, H, Mr., Jr. FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 West Washington Street
 City Eufaula State AL Zip Code 36027-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Barbour Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2016
Transaction ID : 23661555
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 104 OF 148
	<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. Lilly, Donald, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 838 Willow Oak Dr

City Hoover	State AL	Zip Code 35244-1630
----------------	-------------	------------------------

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

Name of Employer (for Individual) Callahan Eye Foundation Hospital	Occupation (for Individual) Interim 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		2016

Transaction ID : 23661556

Amount of Each Receipt this Period
350.00

Memo Item

B. Pritchett, Patricia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1707 Southpointe Dr

City Hoover	State AL	Zip Code 35244-6741
----------------	-------------	------------------------

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

Name of Employer (for Individual) UAB Health System	Occupation (for Individual) Senior Vice President, Ambulatory Ser
--------------------------------------------------------	----------------------------------------------------------------------

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		2016

Transaction ID : 23661564

Amount of Each Receipt this Period
350.00

Memo Item

C. Rue, Loring, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5208 Mountain Ridge Pkwy

City Birmingham	State AL	Zip Code 35222-4143
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Alabama Hospital	Occupation (for Individual) Senior Vice President, Quality Patient
---------------------------------------------------------------------	-----------------------------------------------------------------------

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		2016

Transaction ID : 23661565

Amount of Each Receipt this Period
350.00

Memo Item

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 105 OF 148
<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. Spraberry, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161 Bristol Lane

City Birmingham	State AL	Zip Code 35242-6876
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Callahan Eye Foundation Hospital	Occupation (for Individual) President/CEO
-----------------------------------------------------------------------	----------------------------------------------

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		2016

Transaction ID : 23661566

Amount of Each Receipt this Period
350.00

Memo Item

B. Watson, Sammy, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DCH Health System	Occupation (for Individual) Director Community Relations
--------------------------------------------------------	-------------------------------------------------------------

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		2016

Transaction ID : 23661567

Amount of Each Receipt this Period
350.00

Memo Item

C. Bierschenk, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4309

City Eastman	State GA	Zip Code 31023-4309
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Dodge County Hospital	Occupation (for Individual) Chief Executive Officer
------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2016

Transaction ID : 23663141

Amount of Each Receipt this Period
890.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1590.00
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 106 OF 148
	<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. Burnett, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 Driftwood Trail

City Fayetteville	State GA	Zip Code 30215-7605
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Piedmont Fayette Hospital	Occupation (for Individual) 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 / 2016
Transaction ID : 23663146

Amount of Each Receipt this Period
 250.00

Memo Item

B. Castleberry, David, L, Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Mims Road

City Sylvania	State GA	Zip Code 30467-1994
------------------	-------------	------------------------

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

Name of Employer (for Individual) Optim Medical Center - Screven	Occupation (for Individual) Chief Executive Officer
---------------------------------------------------------------------	--------------------------------------------------------

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 / 29 / 2016
Transaction ID : 23663147

Amount of Each Receipt this Period
 500.00

Memo Item

C. Davis, James, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 Walton Way

City Augusta	State GA	Zip Code 30901-2612
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University Health Care System	Occupation (for Individual) President and Chief Executive Officer
--------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1062.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2016
Transaction ID : 23663149

Amount of Each Receipt this Period
 62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	812.50
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 107 OF 148
	<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. Dominy, B. Durwood, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 595 Lee Lewis Road
 City Moultrie State GA Zip Code 31768-0548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colquitt Regional Medical Center Occupation (for Individual) Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 29 / 2016
Transaction ID : 23663151
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Ebert, Larry, W, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Medical Center Drive
 City Commerce State GA Zip Code 30529-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northridge Medical Center Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 29 / 2016
Transaction ID : 23663153
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gautney, Steven, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Crisp Regional Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2016
Transaction ID : 23663157
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 148
	<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. Hurst, Gregory, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Peachtree Road NE, Suite 400
 City Atlanta State GA Zip Code 30309-1476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Healthcare Occupation (for Individual) President Finance and Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2016
Transaction ID : 23663161
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Lewis, Vicki, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 Braumiller Road
 City Douglas State GA Zip Code 34015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coffee Regional Medical Center Occupation (for Individual) 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 / 2016
Transaction ID : 23663168
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. McKenna, Donald, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1230 Baxter Street
 City Athens State GA Zip Code 30606-3712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Mary's Health Care System Occupation (for Individual) 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 / 29 / 2016
Transaction ID : 23663173
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 109 OF 148
	<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. Mullins, Kem, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3950 Austell Road

City Austell	State GA	Zip Code 30106-1121
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WellStar Windy Hill Hospital	Occupation (for Individual) 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		29		2016

Transaction ID : 23663177

Amount of Each Receipt this Period
250.00

Memo Item

B. Plietz, Claire, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 870 Clubmess Court

City Marietta	State GA	Zip Code 30068-2480
------------------	-------------	------------------------

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

Name of Employer (for Individual) WellStar Health System	Occupation (for Individual) Executive Vice President & Chief Oper
-------------------------------------------------------------	----------------------------------------------------------------------

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		2016

Transaction ID : 23663180

Amount of Each Receipt this Period
250.00

Memo Item

C. Reese, Brandon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1116 Lindridge Drive NE

City Atlanta	State GA	Zip Code 30324-3708
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WellStar Paulding Hospital	Occupation (for Individual) Executive Director Government Relation
-----------------------------------------------------------------	-----------------------------------------------------------------------

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		2016

Transaction ID : 23663181

Amount of Each Receipt this Period
250.00

Memo Item

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 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Turner, Cindy, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Drawer 1987

City Alma	State GA	Zip Code 31510-0987
--------------	-------------	------------------------

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

Name of Employer (for Individual) Bacon County Hospital and Health Syste	Occupation (for Individual) Chief Executive Officer
-----------------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

Transaction ID : 23663193

Amount of Each Receipt this Period
100.00

Memo Item

B. Wolfe, Philip, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 348

City Lawrenceville	State GA	Zip Code 30046-0348
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Gwinnett Hospital System	Occupation (for Individual) 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	/	29	/	2016

Transaction ID : 23663197

Amount of Each Receipt this Period
500.00

Memo Item

C. Wylie, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Birch Laurel

City Woodstock	State GA	Zip Code 30188-6719
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Georgia Hospital Association	Occupation (for Individual) VP, GHHS Program 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	/	29	/	2016

Transaction ID : 23663201

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 148
	<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. Black, Paul, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 967
 City Louisville State MS Zip Code 39339-0967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Winston Medical Center Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.50

Date of Receipt 12 / 30 / 2016
Transaction ID : 23665067
 Amount of Each Receipt this Period 25.50
 Memo Item

B. Edwards, Michael, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 259
 City Morton State MS Zip Code 39117-0259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scott Regional Hospital Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2016
Transaction ID : 23665072
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Grantham, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Hospital Street
 City Booneville State MS Zip Code 38829-3354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Memorial Hospital-Booneville Occupation (for Individual) Administrator and Chief Executive Offi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 12 / 30 / 2016
Transaction ID : 23665084
 Amount of Each Receipt this Period 255.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	330.50
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 112 OF 148
	<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. Hilton, Richard, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1506

City Starkville	State MS	Zip Code 39760-1506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OCH Regional Medical Center	Occupation (for Individual) Administrator and Chief Executive Offi
------------------------------------------------------------------	-----------------------------------------------------------------------

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		2016

Transaction ID : 23665089

Amount of Each Receipt this Period
400.00

Memo Item

B. Kemp, Mendal, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Woodgreen Crossing

City Madison	State MS	Zip Code 39110-4522
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mississippi Hospital Association	Occupation (for Individual) Director-Center for Rural Health
-----------------------------------------------------------------------	-----------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : 23665094

Amount of Each Receipt this Period
60.00

Memo Item

C. Lesley, Steve, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mississippi Hospital Association	Occupation (for Individual) Director of Data Services
-----------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : 23665097

Amount of Each Receipt this Period
109.96

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	569.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 148
	<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. McNeese, Julie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mississippi Hospital Association Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 343.00

Date of Receipt 12 / 30 / 2016
Transaction ID : 23665102
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Moore, Timothy, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1909
 City Madison State MS Zip Code 39130-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mississippi Hospital Association Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1043.50

Date of Receipt 12 / 30 / 2016
Transaction ID : 23665103
 Amount of Each Receipt this Period 543.50
 Memo Item

C. Oliver, William, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6051 U S Highway 49
 City Hattiesburg State MS Zip Code 39401-7200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forrest General Hospital Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2178.50

Date of Receipt 12 / 30 / 2016
Transaction ID : 23665106
 Amount of Each Receipt this Period 928.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1556.00
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 114 OF 148
	<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. Roberson, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1909

City Madison	State MS	Zip Code 39130-1909
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mississippi Hospital Association	Occupation (for Individual) Vice President of State Advocacy
-----------------------------------------------------------------------	-----------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
381.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : 23665111

Amount of Each Receipt this Period
324.00

Memo Item

B. Roe, Alasdair, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) HPI Company	Occupation (for Individual) Chief Operating Officer
--------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : 23665113

Amount of Each Receipt this Period
15.50

Memo Item

C. Wells, Troy, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Baptist Health	Occupation (for Individual) 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		09		2016

Transaction ID : 23718376

Amount of Each Receipt this Period
325.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	664.50
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 115 OF 148
<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. Hatton, Melinda, Reid, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Vice President & General Couns
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1045726241129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Macchiarola, Sarah, B., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1082532741129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Jellen, Barbara, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Section Director, Constituency Section
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1113464241129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	130.16
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 116 OF 148
<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. Allen, Lisa, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Sr. Vice President, Chief Human Resou
----------------------------------------------------------------------------	----------------------------------------------------------------------

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	/	2016

Transaction ID : PR1118928241129

Amount of Each Receipt this Period
26.72

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

B. Kirby, Dale, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) 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	/	2016

Transaction ID : PR1125892341129

Amount of Each Receipt this Period
76.72

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Coulombe, Charisse, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Senior Director, Grant Projects
----------------------------------------------------------------------------	----------------------------------------------------------------

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	/	2016

Transaction ID : PR1221011441129

Amount of Each Receipt this Period
36.69

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	140.13
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 117 OF 148
<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. Fenwick, Matthew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Strategy & Relationshi
----------------------------------------------------------------------------	-----------------------------------------------------------------------

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	/	2016

Transaction ID : PR1234662941129

Amount of Each Receipt this Period
111.04

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Meadows, Mary, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director of Professional Practice, AON
----------------------------------------------------------------------------	-----------------------------------------------------------------------

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	/	2016

Transaction ID : PR1260472941129

Amount of Each Receipt this Period
26.72

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

C. Mackay, Jack, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President & CIO
----------------------------------------------------------------------------	-----------------------------------------------------

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	/	2016

Transaction ID : PR1347703641129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	176.00
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 118 OF 148
	<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. Gergely, Susan, , Ms., MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker Drive
 Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AONE Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1347791041129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Drevna, Heather, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Advocacy and Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1348169741129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Allen, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Executive Director, Business Se
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1474886241129
 Amount of Each Receipt this Period 26.72
 Memo Item
 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 119 OF 148
<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. Wade, Fannie, Delores, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Executive Administrator
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1476385741129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Day, Monica, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Political Affairs Coordinator
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1516850641129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Arespacochaga, Elisa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Director, Constituency Secti
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1555656241129
 Amount of Each Receipt this Period 26.72
 Memo Item
 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 120 OF 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Poole, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Governance Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1589439941129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Baker, Kimberly, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director Travel Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1590809141129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Hrickiewicz, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Editor Health Facilities Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1625366841129
 Amount of Each Receipt this Period 26.72
 Memo Item
 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 121 OF 148
	<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. Kehoe, Bob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Executive Editor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1625368341129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ladewski, Bill, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Membership Associate, Center for Hea
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1625369141129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ryzner, Joan M., M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Education Program Manager, HRET
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1625587841129
 Amount of Each Receipt this Period 26.72
 Memo Item
 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 122 OF 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Showalter, Monique, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Marketing AHA Solutions, Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1625602241129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Rasmussen, Erik, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1819487941129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Kuhlman, Aimee, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director Fed. Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1877582341129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	130.16
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 123 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dexter, Shari, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street, NW, Suite 400

City Washington	State DC	Zip Code 20001-5189
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Director, Political Action
-----------------------------------------------------------------------------	-----------------------------------------------------------

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	/	2016

Transaction ID : PR1878189841129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Hancock, Beverly, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Dir Educational Programs
----------------------------------------------------------------------------	---------------------------------------------------------

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	/	2016

Transaction ID : PR1913189341129

Amount of Each Receipt this Period
26.72

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

C. Jack, Christina, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Member Relations
----------------------------------------------------------------------------	-----------------------------------------------------------

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	/	2016

Transaction ID : PR1913189941129

Amount of Each Receipt this Period
35.00

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	99.96
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 124 OF 148
<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. Kim, Joanna, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Senior Associate Director, Policy
-----------------------------------------------------------------------------	------------------------------------------------------------------

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	/	2016

Transaction ID : PR1913190541129

Amount of Each Receipt this Period
26.72

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

B. Knolle, Evelyn, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Senior Associate Director, Policy -TR
-----------------------------------------------------------------------------	----------------------------------------------------------------------

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	/	2016

Transaction ID : PR1913190741129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

C. Myrick, Juanita, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Director, Employee 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	/	31	/	2016

Transaction ID : PR1913192541129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	103.20
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 125 OF 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Schleman, Jennifer, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street NW, Two CityCenter

City Washington	State DC	Zip Code 20001-5189
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Senior Associate Director, Media 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		31		2016

Transaction ID : PR1913194041129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.00 Bi-Weekly)

B. Worzala, Chantal, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Director, Policy
-----------------------------------------------------------------------------	-------------------------------------------------

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		2016

Transaction ID : PR1913196441129

Amount of Each Receipt this Period
26.72

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

C. Cain, Kathleen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 North Wacker Drive

City Chicago	State IL	Zip Code 60606-1709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Assistant Director, Constituency Secti
----------------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

Transaction ID : PR1936378441129

Amount of Each Receipt this Period
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	84.96
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 126 OF 148
	<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. Henderson, Janet, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1937843141129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Jones, Diane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1943461541129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Chappell, Stacey, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AONE Occupation (for Individual) Associate Director, Advocacy, Media Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1963876241129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 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: (check only one)	PAGE 127 OF 148
	<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. Pawlowski, Ursula, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Governance and Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1973934541129
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ross, Priscilla, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Federal Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR2053848441129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Cleary-Fishman, Marie, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Drive 6102
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) VP Clinical Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR2053848941129
 Amount of Each Receipt this Period 105.12
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	193.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 148
<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. Doyle, Julie, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Drive
 7107
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Marketing, Health Foru
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR2053849041129
 Amount of Each Receipt this Period 333.33
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Weger, Kristina, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR2058887041129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Robey, Travis, E, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Fed Relations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR2060308241129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	409.81
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: (check only one)	PAGE 129 OF 148
	<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. Barbour, Damareus, , Mr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AONE Occupation (for Individual) Workforce Center Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR2060632941129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Vasquez, Crystal, P., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4506 W. Larchmont
 City Chicago State IL Zip Code 60641-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Solution Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR2216978841129
 Amount of Each Receipt this Period 36.69
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. McCue, Michael, P., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR327771641129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	140.13
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 130 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Sonik, Suzanne, R., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Long-Term Care
----------------------------------------------------------------------------	---------------------------------------------------------

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		2016

Transaction ID : PR32777241129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Stock, Debra, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Member 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		31		2016

Transaction ID : PR32777841129

Amount of Each Receipt this Period
76.72

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Lewis, Joan, H., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6034 North 22nd Street

City Arlington	State VA	Zip Code 22205-3408
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) 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		2016

Transaction ID : PR327831741129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.24 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 131 OF 148
	<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. Kraus, Merry Beth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 N. Clinton Place
 City River Forest State IL Zip Code 60305-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Constituency Section
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR327857441129
 Amount of Each Receipt this Period 55.52
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Seklecki, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR327858041129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Barry, Jack, F., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 District Avenue
 City Burlington State MA Zip Code 01803-5041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR327877841129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	208.96
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 148
	<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. Bergstrom, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR327895741129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Collins Offner, Eileen, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director Policy Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR327906141129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Bonner, Thomas, J., Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR327983741129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 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 133 OF 148
	<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. Purcell, Ron, O., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR328241441129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Pollack, Richard, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR328260941129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Luggiero, Carla, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Fed Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR328490141129
 Amount of Each Receipt this Period 18.88
 Memo Item
 P/R Deduction (\$9.63 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	FOR LINE NUMBER: (check only one)	PAGE 134 OF 148
	<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. Forcina, Carolyn, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clover Hill Court
 City Yardley State PA Zip Code 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR328511841129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mitchell, Alicia, N., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N. Harrison Street
 City Arlington State VA Zip Code 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Vice President, Communication
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR328512041129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Arges, George, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One North Franklin St.
 City Chicago State IL Zip Code 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Director, Health Data Manageme
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR328641141129
 Amount of Each Receipt this Period 38.24
 Memo Item
 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 135 OF 148
	<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. Chickey, Rebecca, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) SPSA Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR329013441129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Bash, Robyn, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Executive Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR329084441129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Deweese, W. Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) AHA Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR329215741129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 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 136 OF 148
	<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. Evans, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Senior Vice President & CFO
----------------------------------------------------------------------------	------------------------------------------------------------

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		2016

Transaction ID : PR329342641129

Amount of Each Receipt this Period
26.72

Memo Item

P/R Deduction (\$13.25 Bi-Weekly)

B. Meersman, Patricia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Senior Director 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		31		2016

Transaction ID : PR330343341129

Amount of Each Receipt this Period
38.24

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

C. Misfeldt, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Associate 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		2016

Transaction ID : PR330411641129

Amount of Each Receipt this Period
76.72

Memo Item

P/R Deduction (\$38.47 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: (check only one)	PAGE 137 OF 148
	<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. Mudron, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Counsel/Div of Federal Regulations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR330465241129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Muraca, Paul, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 138th Circle West
 City Apple Valley State MN Zip Code 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR330475441129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. O'Keefe, Eileen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172 Atteridge
 City Lake Forest State IL Zip Code 60045-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Constituency Section
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR330549241129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 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 138 OF 148
	<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. Spohn, Anthony, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Executive Director, Associate Members
 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 / 2016
Transaction ID : PR331098341129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Tucker, Debi, H., Ms., Esq.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Executive Director, State Issues Forum
 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 / 2016
Transaction ID : PR331278841129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Vanderbush, Darlene, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Executive Office Opera
 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 / 2016
Transaction ID : PR331304241129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 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 139 OF 148
	<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. Webb, Jo Ann, K, Ms., MHA, RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AONE Occupation (for Individual) Senior Director of Federal Relations a
 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 / 2016
Transaction ID : PR331379141129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Woodin, Dale, L, Mr., CHFM,FASHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Dr Ste 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association Occupation (for Individual) Vice President, Personal Membership C
 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 / 2016
Transaction ID : PR331481341129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Cundari, Megan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director
 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 / 2016
Transaction ID : PR518031941129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	130.16
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 140 OF 148
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Werner, Laura, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Associate Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR560101541129
 Amount of Each Receipt this Period 38.24
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Thompson, Ashley, B., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director, Policy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR766023741129
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Archuleta, Rochelle, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director Policy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR801366341129
 Amount of Each Receipt this Period 26.72
 Memo Item
 P/R Deduction (\$13.47 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 148
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
Hrobsky, Lisa, Kidder, Ms.,

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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Grassroots and Advoca

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 / 2016
Transaction ID : PR876637241129

Amount of Each Receipt this Period
 38.24

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	38.24
TOTAL This Period (last page this line number only).....▶	139404.06

**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 148
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. HCA Good Government Fund-Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2016
Mailing Address On Park Plaza PO Box 550		Transaction ID : 23649085
City Nashville	State TN	
FEC ID number of contributing federal political committee. C C00067231		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 143 OF 148
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City Austin	State TX	Zip Code 78761-5587
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
67000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	19	/	2016

Transaction ID : 23648908

Amount of Each Receipt this Period

12000.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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 Memo Item

SUBTOTAL of Receipts This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	12000.00

**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 148
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TD Bank			Date of Receipt
Mailing Address 901 Seventh Street, NW			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Washington	State DC	Zip Code 20001	Transaction ID : 23618095
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="208.64"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3062.41"/>		Interest Earned

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TD Bank			Date of Receipt
Mailing Address 901 Seventh Street, NW			<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Washington	State DC	Zip Code 20001	Transaction ID : 23665263
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="221.97"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3284.38"/>		Interest Earned

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="430.61"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="430.61"/>

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23665264
Amount of Each Disbursement this Period

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23665265
Amount of Each Disbursement this Period

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23665266
Amount of Each Disbursement this Period

Bank Fee

Memo Item

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"/> 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. Scott Taylor For Congress		Date of Disbursement MM / DD / YYYY 12 / 06 / 2016
Mailing Address 2100 Mediterranean Avenue #247		FEC Identification Number C00468264 Transaction ID : 23630393
City Virginia Beach	State VA	Zip Code 23451
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name Taylor, Scott, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: VA District: 02	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2016 Primary - Debt	

Full Name (Last, First, Middle Initial) B. Tenney For Congress		Date of Disbursement MM / DD / YYYY 12 / 06 / 2016
Mailing Address 28 Robinson Road PO Box 128		FEC Identification Number C00561183 Transaction ID : 23630394
City Clinton	State NY	Zip Code 13323
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Tenney, Claudia, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NY District: 22	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2016 Primary - Debt	

Full Name (Last, First, Middle Initial) C. Committee for Leadership and Progress		Date of Disbursement MM / DD / YYYY 12 / 06 / 2016
Mailing Address Post Office Box 31107		FEC Identification Number C00366666 Transaction ID : 23630395
City Bethesda	State MD	Zip Code 20824
Purpose of Disbursement 2016 Contribution	Category/Type 011	Amount of Each Disbursement this Period 2000.00 2016 Contribution
Candidate Name Committee for Leadership and Progress	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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"/> 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. New PAC

Mailing Address P.O. Box 7480

City Visalia State CA Zip Code 93290

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name
New PAC

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 06 / 2016

FEC Identification Number

Transaction ID : 23630396
Amount of Each Disbursement this Period
5000.00

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

B. Wild and Wonderful PAC

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name
Wild and Wonderful PAC

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
12 / 06 / 2016

FEC Identification Number

Transaction ID : 23630397
Amount of Each Disbursement this Period
500.00
2016 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Renacci, James, B., Rep.,

Office Sought: House Senate President
State: OH District: 16

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 06 / 2016

FEC Identification Number

Transaction ID : 23630398
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

