Image# 14941863514				PAGE 1 / 134
FEC FORM 3X	REPORT OF AND DISBUR For Other Than An Aut	SEMENTS	S	Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	ng, type 12FE4	
COMMITTEE (in full)	Accession DAC	over the lines.		
American Hospital				
ADDRESS (number and stree	et)			
Check if different	Two CityCenter, Suite 400			
than previously reported. (ACC)	Washington			20001-4956
2. FEC IDENTIFICATIO	N NUMBER V CIT	TY ▲	STATE 🔺	ZIP CODE
C C00106146			IEW N) <b>OR</b>	AMENDED (A)
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Rep</li> <li>July 15 Quarterly Rep</li> <li>October 15 Quarterly Rep</li> <li>January 31 Year-End Rep</li> <li>July 31 Mid-Y Report (Non-e Year Only) (M</li> </ul>	ort (Q1) ort (Q2) ort (Q2) ort (Q2) ort (Q3) ort (YE) ear lection Y) Hommy Report (C) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the: (e) PED PED PED PED PED PED PED PED	20 (M3) J 20 (M4) X J Primary (12P Convention (1	lun 20 (M6) lul 20 (M7) ) Gen 12C) Spec	off (30R)
(TER)			M = M / D = 0	State of
<ol> <li>Covering Period</li> <li>I certify that I have examined</li> </ol>	ed this Report and to the best of	through	06 30	2014
Type or Print Name of Trea	asurer Ms. Melinda Hatton			
Signature of Treasurer	Ms. Melinda Hatton	[Electronically		07 / D D / Y Y Y Y 18 2014
NOTE: Submission of false,	erroneous, or incomplete information	n may subject the pers	on signing this Report	to the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

#### 07/18/2014 11 : 41

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	C FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	ite or Type Committee Name merican Hospital Association PAC		
	port Covering the Period: From:	M / D D / Y Y Y Y	o: 06 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		3126501.95
	(b) Cash on Hand at Beginning of Reporting Period	2602045.26	
	(c) Total Receipts (from Line 19)	214910.03	1048085.98
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	2816955.29	4174587.93
7.	Total Disbursements (from Line 31)	102246.54	1459879.18
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2714708.75	2714708.75
t	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations Owed <b>BY</b> 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

×

Image#	14941	863516
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#### DETAILED SUMMARY PAGE

of Receipts

Page 3

1048085.98

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Hospital Association PAC

Report Covering the Period: From: 06	01 / 2014 To	: 06 / 06 / 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	100007.89	411081.53
(i) Itemized (use Schedule A)	7	7 7 7
(ii) Unitemized	44679.16	134985.15
(iii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	
Lines 11(a)(i) and (ii)	144687.05	546066.68
	7 7 7 11001.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	144687.05	551066.68
2. Transfers From Affiliated/Other		
Party Committees	70000.00	495500.00
3. All Loans Received	0.00	0.00
	0.00	
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)		0.00
<ul> <li>Refunds of Contributions Made</li> <li>to Federal Candidates and Other</li> </ul>		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	222.98	1519.30
3. Transfers from Non-Federal and Levin Funds	1 1 1	1010.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,	7 7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
		7 7 7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	214910.03	1048085.98
. Total Federal Receipts		
(a,b,b,a,a,b,b,a,a,b,a,b	21 40 10 02	1048085.0

214910.03

(subtract Line 18(c) from Line 19) ......►

#### DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Op (a)	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendal Teal-to-Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating Expenditures	246.54	2674.87
(c)	Total Operating Expenditures		
Tra	(add 21(a)(i), (a)(ii), and (b))►	246.54	2674.87
Co	mmittees	0.00	0.00
Fe	ntributions to deral Candidates/Committees d Other Political Committees	101500.00	533800.00
	ependent Expenditures	0.00	921904.31
Co (2 (us	e Schedule E) ordinated Party Expenditures U.S.C. §441a(d)) e Schedule F)	0.00	0.00
Lo	an Repayments Made	0.00	0.00
Loi	ans Made	0.00	0.00
Re	Indix of Contributions To: Individuals/Persons Other Than Political Committees	500.00	1500.00
(b) (c)	Political Party Committees Other Political Committees	0.00	0.00
( )	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	500.00	1500.00
Oth	ner Disbursements	0.00	0.00
Fe (a)			
	(from Schedule H6) (i) Federal Share	0.00	0.00
(৮)	(ii) "Levin" Share	0.00	0.00
(b)	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
	al Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	102246.54	1459879.18
Tot	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)▶	102246.54	1459879.18

FE6AN026

I

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	144687.05	551066.68
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	500.00	1500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	144187.05	549566.68
<ul> <li>add Line 21(a)(i) and Line 21(b))</li> </ul>	246.54	2674.87
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	246.54	2674.87

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		<b>(</b> 11a		11b	11c		12					
				13		14	15		16		17			
Any information copied from such Reports a or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
American Hospital Associati	on PAC													
Full Name (Last, First, Middle Initial) A. Dr. Rashid Baddoura MD				Date o	f R	eceipt								
Mailing Address 120 Heights Road				м м 06	1	30			014	Y				
City	State	Zip Code	Transaction ID : 15088631											
Ridgewood	NJ	07450-2412	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C					, ,	7	_	325.	.00				
Name of Employer	Occupation	l												
Valley Health System	Director													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11.											
Other (specify)		325.00												
Full Name (Last, First, Middle Initial) B. Mr. Stephen O Hyde FACHE				Date o	f R	eceipt								
Mailing Address 5602 SW Lee Boulevard				м м 06	1	02			)14	Y				
City	State	Zip Code	Transaction ID : 21803764											
Lawton	OK	73505-9635		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		375.00											
Name of Employer	Occupation	I												
Southwestern Medical Center	Chief Exect	utive Officer												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) v		375.00	1											
Full Name (Last, First, Middle Initial) C. Mr. Jeffrey D Nowlin				Date o	f R	eceipt								
Mailing Address 1923 South Utica Avenue	9			м м 06	1	02			)14	Y				
City	State	Zip Code		Trans	sac	tion ID :	2180377	70						
Tulsa	OK	74104-6520		Amoun	t of	Each F	Receipt th	nis F	'eriod					
FEC ID number of contributing federal political committee.	C					т. Т	7	_	250	.00				
Name of Employer	Occupation	1												
St. John Medical Center	President a	nd Chief Operating Officer												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	33 32.10													
Other (specify)		250.00												
SUBTOTAL of Receipts This Page (optiona	l)		► '				7		950.	00	1			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the			for the		pose o	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) American Hospital Association								
Full Name (Last, First, Middle Initial)         Mr. Timothy Young         Mailing Address 1923 South Utica Avenue         City         Tulsa         FEC ID number of contributing federal political committee.         Name of Employer         St. John Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State OK C Occupation Administrat Aggregate			sact	02 tion ID		nis Perioo	d 0.00
Full Name (Last, First, Middle Initial)         Mr. Jeffrey S Drop         Mailing Address 4816 Amber Valley Parkway         City         Fargo         FEC ID number of contributing federal political committee.         Name of Employer         Catholic Health Initiatives         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 58104-8404 n Executive Year-to-Date ▼ 330.00		sact	03 ion ID :		nis Perioo	d 0.00
Full Name (Last, First, Middle Initial)         Mr. Stephen M. Ahnen         Mailing Address 125 Airport Road         City         Concord         FEC ID number of contributing federal political committee.         Name of Employer         New Hampshire Hospital Association         Receipt For:         Primary       General         Other (specify)	State NH C Occupation President a Aggregate			sact	02 tion ID		nis Perioo	
SUBTOTAL of Receipts This Page (optional)					7	7	62	5.50

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		<b>&lt;</b> 11a		11b	11c		12		
<u> </u>					13		14	15		16	17	, 
	y information copied from such Reports and for commercial purposes, other than using											
$\backslash$	NAME OF COMMITTEE (In Full)	_										
	American Hospital Associatio	n PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Sara J Criger				Date o	f Re	eceint					
/	Mailing Address 4050 Coon Rapids Bouleva	ard		-	M M		D		v	Y	V	
					06		03			014	T	
	City	State	Zip Code		Trans	sact	ion ID :	2180618				
	Coon Rapids	MN	55433-2522	_	Amoun	t of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					3	7	_	250.	00	
	Name of Employer	Occupation	1									
	Mercy Hospital	President										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)		250.00	4								
B. Dr. Maili	Full Name (Last, First, Middle Initial) Dr. Barbara Brown Ph.D.						eceipt					
	Mailing Address 11 Countryside Lane				м м 06	/	04		ү 20	)14	Y	
	City	State	Zip Code		Trans	act	ion ID :	2180618	7			
	Richmond	VA	23229-7928	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7	7	_	350.	00	
	Name of Employer	Occupation										
	Virginia Hospital & Healthcare Associa	Vice Presid	ent									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		350.00									
— c.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Long				Date o	f Re	eceipt					
	Mailing Address 7723 Stuart Hall Road				м м 06	_	04			)14	Y	
	City	State	Zip Code			sact		: 2180618				
	Richmond	VA	23229-6615					Receipt th		'eriod		
	FEC ID number of contributing federal political committee.	C					7		_	200	.00	
	Name of Employer	Occupation		-								
	Virginia Hospital & Healthcare Associa	Vice Presid	ent									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	-33.03410		11								
	Other (specify)		350.00									
s	UBTOTAL of Receipts This Page (optional)			•						800.	00	

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	LWIZED RECEIPTS		Detailed Summary Page		<b>X</b> 1'	1a		11b	11c	12		
_					1:	-		14	15	16	17	
	ny information copied from such Reports and for commercial purposes, other than using											
	NAME OF COMMITTEE (In Full) American Hospital Associatio	n PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Katharine M. Webb Mailing Address 14 Bridgeway Road				М	M	f Rec	D			Ŷ	
	City	State	Zip Code		06 042014 Transaction ID : 21806189							
	Richmond	VA	23226-3302						Receipt th			
	FEC ID number of contributing federal political committee.	С						9		200		
	Name of Employer	Occupation	l									
	Virginia Hospital & Healthcare Associa	Senior Vice	President									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General		350.00	11								
	Other (specify)		330.00	4								
	Full Name (Last, First, Middle Initial) Ms. Phillis Oeters						f Rec	ceipt				
	Mailing Address 6855 Red Road, Suite 600						/	D 04		у у 2014	Y	
	City	State	Zip Code		Tr	ans	actio	on ID :	2180620	7		
	Miami	FL	33143-3632	Amount of Each Receipt this Pe								
	FEC ID number of contributing federal political committee.	C						,	7	500	.00	
	Name of Employer	Occupation	l									
	Baptist Health South Florida	Corporate \	/ice President Government an									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary     General       Other (specify) ▼		500.00	]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. George Foyo				Dat	e of	f Rec	ceipt				
	Mailing Address 6855 Red Road, Suite 600	1				06	/	D 04		2014	Y	
	City	State	Zip Code		Т	rans	sactio	on ID	: 2180620	8		
	Coral Gables	FL	33143-3632		Am	ount	t of E	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.					,	7	1000	0.00			
	Name of Employer	Occupation	l									
	Baptist Health South Florida	Exec VP &	Chief Admin Officer									
	Receipt For:	Aggregate										
	Primary General			٦ L I								
	Other (specify)		1000.00									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	Γ					1700	.00	

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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••			Detailed Summary Page		<b>X</b> 11a		11b	11c	12							
_					13		14	15	16		17					
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and a	ay not be sold or used by any p address of any political committee	erson e to s	for the olicit c	e pi ontr	urpose o ributions	of soliciting from such	contrit ו comm	outio nitte	ons e.					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_														
$\backslash$	American Hospital Association	PAC														
Α.	Full Name (Last, First, Middle Initial) Mr. Mark T Faulkner				Date	of F	Receipt									
	Mailing Address 1000 West Moreno Street			06 04 _2014 _												
	City	State	Zip Code		Transaction ID : 21806210											
	Pensacola	FL	32501-2316					Receipt th	-	od						
	FEC ID number of contributing federal political committee.	С		250.00												
	Name of Employer	Occupation	1													
	Baptist Health Care Corporation	President														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)		250.00	4												
в.	Full Name (Last, First, Middle Initial) Dr. Allen S Weiss MD						Receipt									
-	Mailing Address 1221 Gulf Shore Blvd N Apt 2						06 04 2014									
	City	State	Zip Code		Trar	sac	tion ID	: 2180621								
	Naples	FL	34102-4922		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		1000.00												
	Name of Employer NCH Downtown Naples Hospital	Occupation President a	nd Chief Executive Officer													
	Receipt For:	1	Year-to-Date ▼													
	Primary General	Ayyreyale		11												
	Other (specify)		, 1000.00													
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Angie L Metcalf				Date	of F	Receipt									
	Mailing Address P O Box 9010				M 06		/ D 04		2014		Y					
	City	State	Zip Code		Trai	nsa	ction ID	: 2180621								
	Stuart	FL	34995-9010					Receipt th		bc						
	FEC ID number of contributing federal political committee.	С					7		2	50.0	00					
	Name of Employer	Occupation	1	_												
	Martin Health System	Vice Presic	lent and Chief Human Resourc													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General															
	Other (specify)		250.00													
s	UBTOTAL of Receipts This Page (optional)			► '					15(	0.00	0					

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John A Kolosky Α. Date of Receipt Mailing Address 12902 Magnolia Drive M M / 04 2014 06 City State Zip Code Transaction ID : 21806219 FL Tampa 33612-9497 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation H. Lee Moffitt Cancer Center and Resea Executive Vice President and Chief Ope Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Mark E Robitaille Date of Receipt Mailing Address P O Box 9010 M M 2014 06 04 City State Zip Code Transaction ID: 21806222 FL Stuart 34995-9010 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Martin Health System President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Sandra C Podley Date of Receipt Mailing Address 101 Civic Center Lane M = M / D 2014 06 05 City State Zip Code Transaction ID: 21806232 ΑZ Lake Havasu City 86403-5607 Amount of Each Receipt this Period FEC ID number of contributing С 375.00 federal political committee. Name of Employer Occupation Administrator Presbyterian Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 2375.00 SUBTOTAL of Receipts This Page (optional).....

10.

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE

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X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John T Porter Α. Date of Receipt Mailing Address 3900 West Avera Drive, Suite 301 M M / 2014 06 02 City Zip Code State Transaction ID: 21806233 SD Sioux Falls 57108-5721 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Avera Health Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John T Porter Date of Receipt Mailing Address 3900 West Avera Drive, Suite 301 M M 06 02 2014 City State Zip Code Transaction ID: 21806234 SD Sioux Falls 57108-5721 Amount of Each Receipt this Period FEC ID number of contributing С 350.00 federal political committee. Name of Employer Occupation Avera Health President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 850.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. John T Porter Date of Receipt Mailing Address 3900 West Avera Drive, Suite 301 M = M D 06 02 2014 City Zip Code State Transaction ID: 21806235 SD Sioux Falls 57108-5721 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Avera Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

10.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association F	PAC	
Full Name (Last, First, Middle Initial)         Ms. Helene M Burns MSN, RN, N         Mailing Address 2 Westbury Drive         City         Berlin         FEC ID number of contributing federal political committee.         Name of Employer         Kennedy Health System         Receipt For:         Primary       General         Other (specify) ▼	State NJ       Zip Code 08009-9682         C       C         Occupation Chief Nursing Executive       C         Aggregate Year-to-Date ▼       577.50	Date of Receipt
Full Name (Last, First, Middle Initial)         B.       Mr. Joseph P Coyle         Mailing Address 46 Cypress Lane         City         West Creek         FEC ID number of contributing federal political committee.         Name of Employer         Meridian Health         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NJ       08092-2839         C       Occupation         President       Aggregate Year-to-Date ▼         650.00       650.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Douglas A Duchak         Mailing Address 2 Witte Place         City         Mahwah         FEC ID number of contributing federal political committee.         Name of Employer         Englewood Hospital and Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State NJ       Zip Code 07430-3157         C       Occupation         Trustee       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       325.00	Date of Receipt 06 06 2014 Transaction ID : 21806881 Amount of Each Receipt this Period 325.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1202.50

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		<b>&lt;</b> 11a		11b	11c		12			
				13		14	15		16	17		
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mane and a	ay not be sold or used by any p address of any political committee	erson e to s	for the olicit co	pu ntri	rpose of butions f	soliciting from suct	g co n co	ntribut	ions ee.		
NAME OF COMMITTEE (In Full)												
American Hospital Associatior	n PAC											
Full Name (Last, First, Middle Initial) A. Mr. Raymond F Fredericks				Date o	of R	eceipt						
Mailing Address 302 Brooklyn Boulevard				06	1	06	) / Y		014	Y		
City	State	Zip Code	Transaction ID : 21806885									
Sea Girt	NJ	08750-2001					Receipt th		eriod			
FEC ID number of contributing federal political committee.									1300.	.00		
Name of Employer	Name of Employer Occupation											
JFK Health System	President a	Ind CEO										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	1.99.094.0		11.									
Other (specify)		1300.00										
Full Name (Last, First, Middle Initial) B. Mr. Michael Guerriero				Date o	of R	eceipt						
Mailing Address 760 Alexander Road			м м 06	1	06	) / Y		)14	Y			
City	State	Zip Code		Trans	sac	tion ID :	2180688					
Princeton	NJ	08540-6305		Amoun	t o	f Each F	Receipt th	is P	eriod			
FEC ID number of contributing federal political committee.						7			33.	15		
Name of Employer New Jersey Hospital Association	Occupation											
Receipt For:	Vice Presid											
Primary General	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		, 204.75										
Full Name (Last, First, Middle Initial) C. Mr. Leslie D Hirsch FACHE				Date o	of R	eceipt						
Mailing Address 28 MacKenzie Lane North				м м 06	1	06			)14	Υ		
City	State	Zip Code		Trans	sac	tion ID :	2180688		-			
Denville	NJ	07834-2954		Amoun	t o	f Each F	Receipt th	is P	'eriod			
FEC ID number of contributing federal political committee.	C				l	7			130	.00		
Name of Employer												
Saint Clare's Health System	and Chief Executive Officer											
Receipt For: Aggregate Year-to-Date ▼												
Primary General												
Other (specify)		422.50										
SUBTOTAL of Receipts This Page (optional).	I								1463.	15		

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

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TIEWIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c		12 16	17
Any information copied from such Reports a or for commercial purposes, other than using				for the		pose o	f solicitin	g cont	tributi	ions
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC									
Full Name (Last, First, Middle Initial) A. Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain Ro City	ad State	Zip Code		Date or 06	/	06		201	Y 14	Y
New Hope FEC ID number of contributing federal political committee.				-	Receipt ti		eriod 33.0	04		
Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) v		alth Economics Year-to-Date ▼ 204.20	]							
B. Full Name (Last, First, Middle Initial) Ms. Sarah Lechner Mailing Address 760 Alexander Road	Date of Receipt									
Princeton FEC ID number of contributing federal political committee.	NJ	08540-6305					Receipt ti		eriod 39.(	00
Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	Occupation General Co Aggregate		1							
C. Full Name (Last, First, Middle Initial) Mailing Address 760 Alexander Road City Princeton	State	Zip Code 08540-6305			sact	06			4	Ŷ
<ul> <li>FEC ID number of contributing federal political committee.</li> <li>Name of Employer</li> <li>New Jersey Hospital Association</li> <li>Receipt For:</li> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		nd Teaching Hospital Issues Year-to-Date ▼ 273.00	]						46.	80
SUBTOTAL of Receipts This Page (optiona	l)		<u> </u>		1				118.8	34

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association F	PAC	
Full Name (Last, First, Middle Initial)         Mr. Edward Kelly         Mailing Address 14 Prospect Street         City         Milford         FEC ID number of contributing         federal political committee.         Name of Employer         Milford Regional Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State MA       Zip Code 01757-3090         C       Occupation         Occupation       President         Aggregate Year-to-Date ▼       375.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Margot Hartmann MD, PhD         Mailing Address 57 Prospect Street         City         Nantucket         FEC ID number of contributing federal political committee.         Name of Employer         Nantucket Cottage Hospital         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MA       02554-4345         C       Occupation         President and Chief Executive Officer         Aggregate Year-to-Date ▼         225.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Steven F Bradley         Mailing Address         759 Chestnut Street         City         Springfield         FEC ID number of contributing         federal political committee.         Name of Employer         Baystate Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State MA       Zip Code 01199-0001         C       Occupation         Vice President Government Relations         Aggregate Year-to-Date ▼         262.50	Date of Receipt 06 06 2014 Transaction ID : 21806919 Amount of Each Receipt this Period 262.50
SUBTOTAL of Receipts This Page (optional)	•	862.50

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

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Spiros Hatiras FACHE Α. Date of Receipt Mailing Address 109 Madison Ave M M / 06 2014 06 City Zip Code State Transaction ID : 21806920 Holyoke MA 01040-2042 Amount of Each Receipt this Period FEC ID number of contributing С 562.50 federal political committee. Name of Employer Occupation President and Chief Executive Officer Holyoke Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Patrick R Wardell Date of Receipt Mailing Address 25 Carver Street M M 06 06 2014 City State Zip Code Transaction ID: 21806921 MA Cambridge 02138-1969 Amount of Each Receipt this Period FEC ID number of contributing С 800.00 federal political committee. Name of Employer Occupation Cambridge Health Alliance Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. John A. Lodico Date of Receipt Mailing Address 12 Davis Street M = M / D 2014 06 06 City Zip Code State Transaction ID: 21806922 MA Belmont 02478-5030 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Director, Publications Massachusetts Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1625.00 SUBTOTAL of Receipts This Page (optional).....

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_						3		14	15	16	17							
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used by any p address of any political committee	erson e to s	n for solic	the it cor	pur  ntrib	oose of utions	f soliciting	contribu	tions :ee.							
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)																	
	American Hospital Association	n PAC																
Α.	Full Name (Last, First, Middle Initial) Mr. Joe Wilkins Jr.			Da	ite of	Re	ceipt											
	Mailing Address 82414 Puccini Dr			IV	об	/	09	D / Y	ууу 2014	Y								
	City	State	Zip Code	Transaction ID : 21810356														
	Indio	CA	92203-3848	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.						7		350	.00								
	Name of Employer	Occupation	1															
	St. Joseph Hospital	Trustee																
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General	33 - 34		11.														
	Other (specify)		350.00															
в.	Full Name (Last, First, Middle Initial) Mr. Matthew Gross				Da	ite of	Re	ceipt										
	Mailing Address 1721 New State Road			IV	06	/	09		y y 2014	Y								
	City	Zip Code		Т	rans	acti	on ID :	2181043										
	Norwalk	orwalk OH 44857-9168						Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						5		350	.00							
	Name of Employer	Occupation	1															
	Fisher-Titus Medical Center	Board Vice	Chairman															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		350.00	]														
— c.	Full Name (Last, First, Middle Initial) Dr. David Hyman DDS				Da	ite of	Re	ceipt										
	Mailing Address 130 East Main Street				N	06	1	09		2014	Y							
	City	State	Zip Code		Т	rans	act	ion ID :	2181043									
	Meriden	СТ	06450-5604		An	nount	tof	Each F	Receipt th	is Period								
	FEC ID number of contributing federal political committee.	С						7	- 7	350	0.00							
	Name of Employer Occupation																	
	Hartford Healthcare	r																
	Receipt For:	Year-to-Date ▼																
	Primary General																	
	Other (specify)	350.00																
s	UBTOTAL of Receipts This Page (optional).			 ▶	Γ					1050	.00							

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Lorna Strayer Α. Date of Receipt Mailing Address 700 Ewing Road M M / 09 2014 06 City Zip Code State Transaction ID: 21810460 OH Bainbridge 45612-9476 Amount of Each Receipt this Period FEC ID number of contributing С 350.00 federal political committee. Name of Employer Occupation Fisher-Titus Medical Center Senior Vice President Administration a Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Kenneth Anderson MD Date of Receipt Mailing Address 4000 Kresge Way М M 06 09 2014 City State Zip Code Transaction ID: 21811904 KY Louisville 40207-4605 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Name of Employer Occupation **Baptist Health Louisville** Vice President and Chief Medical Offic Receipt For: Aggregate Year-to-Date ▼ Primarv General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Kevin S Wardell Date of Receipt Mailing Address P O Box 35070 M = M D 2014 06 09 City Zip Code State Transaction ID: 21811906 KΥ Louisville 40232-5070 Amount of Each Receipt this Period FEC ID number of contributing 375.00 С federal political committee. Name of Employer Occupation Norton Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 1025.00 SUBTOTAL of Receipts This Page (optional).....

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Ashland K FEC ID number of contributing federal political committee. C Name of Employer Occ Our Lady of Bellefonte Hospital Chie		Date of Receipt 06 09 2014 Transaction ID : 21811908 Amount of Each Receipt this Period 500.00
Scottsville K	ate Zip Code Y 42164-6355	Date of Receipt 06 09 2014 Transaction ID : 21811910 Amount of Each Receipt this Period
Medical Center at Scottsville Chie	upation If Executive Officer gregate Year-to-Date ▼ 500.00	500.00
Campbellsville       K         FEC ID number of contributing federal political committee.       C         Name of Employer       Occ         Taylor Regional Hospital       Chie         Receipt For:       Agg         Primary       General	upation of Executive Officer gregate Year-to-Date ▼	Date of Receipt 06 / 09 / 2014 Transaction ID : 21811912 Amount of Each Receipt this Period 500.00
Other (specify) ▼         SUBTOTAL of Receipts This Page (optional)	500.00	1500.00

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		Detailed Summary Page		< 11a		11b	11c	1	12				
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p address of any political committee	erson e to so	for the plicit co	purp ntrib	oose of utions f	soliciting	j conti h com	ributio 1mitte	ons e.			
NAME OF COMMITTEE (In Full)													
American Hospital Association	PAC												
Full Name (Last, First, Middle Initial) A. Mr. Gale N Walker				Date of	f Red	ceipt							
Mailing Address 401 West Glynn Drive			м м 06	/	09	) / Y	y 201	Y 14	r				
City	State	Zip Code	Transaction ID : 21813003										
Parkston	SD	57366-9605	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ů l								250.0	00			
Name of Employer	Occupation	1											
Avera St. Benedict Health Center	President a	nd Chief Executive Officer											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			11										
Other (specify)		250.00											
Full Name (Last, First, Middle Initial) B. Mr. Fred Slunecka				Date of	f Red	ceipt							
Mailing Address 7200 S Burleigh Cir				м м 06	1	09	/ Y	2014					
City	Zip Code		Trans	actio	on ID :	2181300	5						
Sioux Falls	SD	57108-5721	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					,			250.0	0			
Name of Employer	Occupation	1											
Avera Health	Chief Opera	ating Officer											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	]										
Full Name (Last, First, Middle Initial) C. Mr. Herb B. Kuhn				Date of	f Red	ceipt							
Mailing Address 5310 Saddlebrooke Lane				м м 06		. 04		201	Y 4	r			
City	State	Zip Code		Trans	sacti	on ID :	2181302						
Lohman	MO	65053-9353		Amoun	t of I	Each R	Receipt th	nis Per	riod				
FEC ID number of contributing federal political committee.					,			125.0	00				
Name of Employer	Occupation	1											
Missouri Hospital Association	President a	and CEO											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General													
Other (specify) ▼		500.00											
SUBTOTAL of Receipts This Page (optional)			•			,		(	625.0	0			

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

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		for each category of the Detailed Summary Page					11c	12	<u> </u>
Any information copied from such Reports and or for commercial purposes, other than using t					purp				
NAME OF COMMITTEE (In Full) American Hospital Association									
Full Name (Last, First, Middle Initial)         A.       Mr. Daniel R. Landon         Mailing Address 1811 Forest Park Court         City         Jefferson City         FEC ID number of contributing federal political committee.         Name of Employer         Missouri Hospital Association         Receipt For:         Primary       General         Other (specify)	Zip Code 65109-9782 esident, Governmental Relat Year-to-Date ▼ 500.00			sactio	04 on ID		-		
Full Name (Last, First, Middle Initial)         B.       Ms. Anna M Adams         Mailing Address 2600 Abbotts Glen Drive         City	ne (Last, First, Middle Initial) nna M Adams						D / Y ) : 2181303	2014 <b>5</b>	Ŷ
Acworth FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	1	30101-3417 nt Relations Coordinator Year-to-Date ▼ 1033.00	1	Amoun	nt of I	Each I	Receipt th		.00
Full Name (Last, First, Middle Initial)         C.       Mr. Donald R Avery FACHE         Mailing Address P O Box 1408         City         Dublin         FEC ID number of contributing federal political committee.         Name of Employer         Fairview Park Hospital         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 31040-1408			sacti	09 09		is Period	0.00
SUBTOTAL of Receipts This Page (optional).			 ▶			n		376	.00

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Jean Aycock Α. Date of Receipt Mailing Address 143 Lakecrest Drive. NE M M / 09 2014 06 City State Zip Code Transaction ID: 21813037 GA Milledgeville 31061-9093 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Oconee Regional Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Kevin Bierschenk Date of Receipt Mailing Address 201 North Lakes Drive М M 06 09 2014 City State Zip Code Transaction ID: 21813038 GA Eastman 31023-9309 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation **Dodge County Hospital** Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. James Crissey Date of Receipt Mailing Address 215 Emerald Lake Drive M = M / D 2014 06 09 City State Zip Code Transaction ID: 21813041 GA Fayetteville 30215-7704 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **VP** Facilities Southern Regional Medical Center Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. James R Davis Α. Date of Receipt Mailing Address 7 Rockbrook Road M M / 09 2014 06 City Zip Code State Transaction ID : 21813042 GA 30909-3760 Augusta Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer University Health Care System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Alan Kent Date of Receipt Mailing Address 583 Limestone Street М M 06 09 2014 City State Zip Code Transaction ID: 21813051 GA Mount Vernon 30445-3044 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Meadows Regional Medical Center Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Donald McKenna Date of Receipt Mailing Address 1310 Longwood Park M = M / D 09 2014 06 City State Zip Code Transaction ID: 21813054 GA Statham 30666-3632 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer St. Mary's Health Care System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

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	y information copied from such Reports and for commercial purposes, other than using th													
$\backslash$	NAME OF COMMITTEE (In Full)													
	American Hospital Association	PAC												
	Full Name (Last, First, Middle Initial) Ms. Norma Jean Morgan			Date of Receipt										
	Mailing Address 1935 Clyo-Kildare Rd					Μ		D I I 09	D / Y	y y 2014	Y			
	City	State	Zip Code	Transaction ID : 21813055										
	Clyo	GA	31303-2814						Receipt thi					
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri								250	_			
	Name of Employer	Occupation	1											
	Effingham Hospital	Administrat	or											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	Aggregate		d.										
	Other (specify)	L	250.00											
	Full Name (Last, First, Middle Initial) Ms. Marie Knedler RN, FACHE	1			Date	of	Rece	eipt						
	Mailing Address 17683 Lochland Ridge				м 0		/	06		y y 2014	Y			
	City	State	Zip Code		Tra	nsa	actio	n ID :	2181371					
	Council Bluffs	IA	51503-4493		Amo	unt	of E	ach F	Receipt thi	is Period				
	FEC ID number of contributing federal political committee.									500	.00			
	Name of Employer Alegent Creighton Health Bergan Mercy	Occupation President												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 562.50											
-	Full Name (Last, First, Middle Initial) Mr. Greg E. Boattenhamer			+	Data		Dee	-:+						
C.	<u> </u>			_	Date		Rece	•						
	Mailing Address 100 East Grand Avenue Suite 100		7. 0. 1		м 0	6	/	06		2014	Y			
	City Des Moines	State IA	Zip Code 50309-1829						2181371 Receipt thi					
	FEC ID number of contributing federal political committee.			С		. ,			650	0.00				
	Name of Employer	1	$\neg$											
	Iowa Hospital Association	esident, Government Relatio												
	Receipt For: Aggregate Year-to-Date ▼													
	Primary General	33.034.0												
	Other (specify)		650.00	4										
e	JBTOTAL of Receipts This Page (optional)				Г		-			1400	.00			

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			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC		
Full Name (Last, First, Middle Initial) Mr. Steve Slessor Mailing Address 1825 Logan Avenue City	State	Zip Code	Date of Receipt
Waterloo	IA	50703-1916	Transaction ID : 21813719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Buchanan County Health Center Receipt For:	Chief Exect	utive Officer	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) B. Ms Donna J Vandehaar , R.N.			Date of Receipt
Mailing Address 610 10th Street			M M / D D / Y Y Y Y 06 06 2014
City	State	Zip Code	Transaction ID : 21813720
Perry	IA	50220-2221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer	Occupation		
Dallas County Hospital	Chief Clinic	al Director	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		350.00	]
Full Name (Last, First, Middle Initial) C. Mr. Matt Wille			Date of Receipt
Mailing Address 610 10th Street			M M / D D / Y Y Y Y 06 06 2014
City Perry	State IA	Zip Code 50220-2221	Transaction ID : 21813721
		50220-2221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Dallas County Hospital Receipt For:		utive Officer	_
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optiona	ıl)		, , , , 850.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Methodist Jennie Edmundson Hospital	State       Zip Code         IA       51502-3002         C       C         Occupation       C         President and Chief Executive Officer         Aggregate Year-to-Date ▼         500.00         7	Date of Receipt
Vanderbilt Healthcare	State       Zip Code         TN       37232-0001         C       Occupation         Occupation       ////////////////////////////////////	Date of Receipt
Alaska State Hospital and Nursing Home	00 State Zip Code AK 99501-1965 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 / 13 / 2014 Transaction ID : 21820684 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	1350.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) American Hospital Association	PAC						
A. Full Name (Last, First, Middle Initial) Mr. Brian A Gragnolati FACHE Mailing Address 8199 Bayside Drive	State	Zip Code	Date of Receipt 06 06 2014 Transaction ID : 21822434				
Pasadena FEC ID number of contributing federal political committee.	MD C	21122-5701	Amount of Each Receipt this Period				
Name of Employer Johns Hopkins Health System Receipt For: Primary General Other (specify)	Occupation Senior Vice Aggregate						
Full Name (Last, First, Middle Initial) Dr. Richard Katz M.D. Mailing Address 4 Woodland Court City Lutherville	Richard Katz M.D.       ng Address 4 Woodland Court       State     Zip Code						
FEC ID number of contributing federal political committee.         Name of Employer         Mt. Washington Pediatric Hospital         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Chief Media Aggregate		250.00				
Full Name (Last, First, Middle Initial)         Mr. Thomas Bres         Mailing Address P O Box 30480         City         Lansing         FEC ID number of contributing federal political committee.         Name of Employer         Sparrow Hospital         Receipt For:         Primary       General         Other (specify)		Zip Code 48909-7980 I lent and Chief Information O Year-to-Date ▼ 262.50	Date of Receipt 06 04 2014 Transaction ID : 21822726 Amount of Each Receipt this Period 262.50				
SUBTOTAL of Receipts This Page (optional)		••••••	1022.50				

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Georgia R Fojtasek Α. Date of Receipt Mailing Address 205 North East Avenue M M / 04 2014 06 City Zip Code State Transaction ID: 21822805 Jackson MI 49201-1753 Amount of Each Receipt this Period FEC ID number of contributing С 350.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Allegiance Health Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Kathleen Harrelson Date of Receipt Mailing Address 6181 Karabrook Court М M 2014 06 04 City State Zip Code Transaction ID: 21822814 MI Kalamazoo 49009-8961 Amount of Each Receipt this Period FEC ID number of contributing С 227.50 federal political committee. Name of Employer Occupation Bronson Healthcare Group, Inc. Vice President of Nursing Receipt For: Aggregate Year-to-Date ▼ Primarv General 227.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Frank J Sardone Date of Receipt Mailing Address 601 John Street M = M 2014 06 04 City Zip Code State Transaction ID: 21822830 MI Kalamazoo 49007-5341 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Bronson Methodist Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 927.50 SUBTOTAL of Receipts This Page (optional).....

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial)         Mr. Jack Weiner         Mailing Address 44405 Woodward Avenue         City         Pontiac         FEC ID number of contributing federal political committee.         Name of Employer         St. Joseph Mercy Oakland         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 48341-5023 In A Chief Executive Officer Year-to-Date ▼ 350.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms. Darcy Ellison         Mailing Address 7311 E. Chestnut         City         Evansville         FEC ID number of contributing federal political committee.         Name of Employer         St. Mary's Medical Center of Evansvill         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 47715-3456 ical Operations Year-to-Date ▼ 500.00	Date of Receipt 06 12 2014 Transaction ID : 21824334 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial)         Dr. Robert C Keen PhD, FACHE         Mailing Address 4539 E.500 N.         City         Greenfield         FEC ID number of contributing         federal political committee.         Name of Employer         Hancock Regional Hospital         Receipt For:         Primary       General         Other (specify)		Zip Code 46140-9572	Date of Receipt 06 / 12 / 2014 Transaction ID : 21824335 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional)		•	975.00

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association F	PAC	
Full Name (Last, First, Middle Initial)         Mr. Jonathan Nalli         Mailing Address 3453 Compania Drive         City         Valparaiso         FEC ID number of contributing federal political committee.         Name of Employer         St. Vincent Health         Receipt For:         Primary       General         Other (specify)	State       Zip Code         IN       46385-9806         C       Occupation         Occupation       Chief Executive Officer         Aggregate Year-to-Date ▼       500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Raymond W Snowden         Mailing Address 1920 Hillbrook Drive         City         Jasper         FEC ID number of contributing federal political committee.         Name of Employer         Memorial Hospital and Health Care Cent         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         IN       47546-8455         C       Occupation         President and Chief Executive Officer         Aggregate Year-to-Date ▼         250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Brian Tabor         Mailing Address 10762 Forest Lake Court         City         Indianapolis         FEC ID number of contributing federal political committee.         Name of Employer         Indiana Hospital Association         Receipt For:         Primary       General         Other (specify)	State       Zip Code         IN       46278-9610         C       Occupation         Vice President       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1250.00

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

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		Detailed Summary Page		X 11a	a	1	11b	11c	12	
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Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
American Hospital Association	n PAC									
Full Name (Last, First, Middle Initial) A. Mr. Thomas J VanOsdol				Date	of	Rec	eipt			
Mailing Address 13772 Wyandotte Place				0	 6	/	12		2014	Y
City	State	Zip Code				actio		2182435		
Fishers	IN	46038-4500		Amo	unt	of E	ach F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					,			500	
Name of Employer	Occupation	I	-							
St. Vincent Anderson Regional Hospital	President									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11.							
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) B. Mr. Steven J West				Date	of	Rec	eipt			
Mailing Address 314 E. Hickory Grove				0		/	12		y y 2014	Y
City	State	Zip Code		Tra	nsa	actio	n ID :	2182435		
Hartford City	IN	47348-1011		Amo	unt	of E	ach F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С								250	.00
Name of Employer Indiana University Health Blackford Ho	Occupation Chief Exect	utive Officer								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		, 250.00								
Full Name (Last, First, Middle Initial) C. Mr. James J. Ferriter Jr.				Date	of	Rec	eipt			
Mailing Address 4 Laurel Hill Court					м 6	/	D [		20 <u>1</u> 4	Y
City	State	Zip Code			-	actio		2182447		
Bourne	MA	02532-8331						Receipt th		
FEC ID number of contributing federal political committee.	С					,				2.50
Name of Employer	_									
Martha's Vineyard Hospital	Director, Pl	nysician Services								
Receipt For:		Year-to-Date ▼								
Primary General	Ayyreyale									
Other (specify)		262.50								
SUBTOTAL of Receipts This Page (optional)				Г					1012.	.50

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

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			Detailed Summary Page	2	<b>&lt;</b> 11a		_	1b	11c		12		
					13		1		15		16	17	,
	y information copied from such Reports and St for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)												
$\Big/$	American Hospital Association F	PAC											
Α.	Full Name (Last, First, Middle Initial) Mr. Michael K Lauf MBA				Date	of R	Rece	eipt					
	Mailing Address 88 Lewis Bay Road				м 06	VI	/	D D 13	/ Y		) 14	Y	
	City	State	Zip Code		Trar	sac	ction	n ID : 2	2182447	2			
	Hyannis	MA	02601-5210		Amou	nt o	of Ea	ach Re	eceipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7	_	1125.	00	
	Name of Employer	Occupation											
	Cape Cod Hospital	President a	nd Chief Executive Officer										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		1125.00										
	Other (specify)	L	1 123.00										
В.	Full Name (Last, First, Middle Initial) Mr. Winfield Brown				Date	of R	Rece	eipt					
	Mailing Address 49 Village View Road				M 06	VI	/	D D 13	/ Y	20	)14	Y	
	City	State	Zip Code		Tran	sac	tior	ו ID : 2	2182447	'4			
	Westford	MA	01886-2359	_	Amou	nt o	of Ea	ach Re	eceipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7	_	262.	50	
	Name of Employer	Occupation											
	Heywood Hospital	President ar	nd Chief Executive Officer										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1012.50										
c.	Full Name (Last, First, Middle Initial) Mr. William Doherty				Date	of R	Rece	eipt					
	Mailing Address 42 Canterbury Street				м 06	VI	/	D D 13	/ Y		Y)14	Y	
	City	State	Zip Code		Trar	Isac	ctio	n ID : 2	2182447	77			
	Andover	MA	01810-2803	_	Amou	nt o	of Ea	ach Re	eceipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7	_	375.	00	
	Name of Employer	Occupation											
	Hallmark Health System	Chief Medic	cal Officer										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		375.00										
s	UBTOTAL of Receipts This Page (optional)			 ►			1		7		1762.	50	

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Hospital Association PAC	:	
Full Name (Last, First, Middle Initial)         Mr. Robert C Garrett FACHE         Mailing Address 21 Eagle Nest Road         City       Si	tate Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	IJ 07960-6430	Amount of Each Receipt this Period
Princeton     N       FEC ID number of contributing federal political committee.     C       Name of Employer New Jersey Hospital Association     Occ Vice		Date of Receipt 06 / 13 / 2014 Transaction ID : 21824527 Amount of Each Receipt this Period 6.50
Other (specify)         Full Name (Last, First, Middle Initial)         C. Mr. Sean J. Hopkins         Mailing Address 6180 Lower Mountain Road         City       S         New Hope       F         FEC ID number of contributing federal political committee.       C         Name of Employer       Occo         New Jersey Hospital Association       Sr. Y         Receipt For:       Agg	tate Zip Code PA 18938-5760 Pupation VP., Health Economics gregate Year-to-Date ▼	Date of Receipt 06 / 13 / 2014 Transaction ID : 21824529 Amount of Each Receipt this Period 6.50
Primary       General         Other (specify) ▼         SUBTOTAL of Receipts This Page (optional)	210.70	1638.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association I	PAC	
Full Name (Last, First, Middle Initial)         Ms. Sarah Lechner         Mailing Address 760 Alexander Road         City         Princeton         FEC ID number of contributing federal political committee.         Name of Employer         New Jersey Hospital Association         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NJ       08540-6305         C       Occupation         General Counsel       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       240.50	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Mr. John Slotman         Mailing Address 760 Alexander Road         City         Princeton         FEC ID number of contributing federal political committee.         Name of Employer         New Jersey Hospital Association         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         NJ       08540-6305         C       Occupation         VP, GME and Teaching Hospital Issues         Aggregate Year-to-Date ▼         279.50	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Michael L Fordyce         Mailing Address 3425 South Clarkson Street         City         Englewood         FEC ID number of contributing federal political committee.         Name of Employer         Craig Hospital         Receipt For:         Primary       General         Other (specify)	State       Zip Code         C       80113-2811         C       Occupation         President and Chief Executive Officer         Aggregate Year-to-Date ▼         500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 513.00

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

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

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David Hamm Α. Date of Receipt Mailing Address 200 Exempla Circle M M / 2014 06 16 City Zip Code State Transaction ID : 21824559 CO Lafayette 80026-3370 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Exempla Good Samaritan Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Gary Campbell Date of Receipt Mailing Address 188 Inverness Drive West #500 М M 06 16 2014 City State Zip Code Transaction ID: 21824562 CO Englewood 80112-5204 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Centura Health Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. George E Hayes FACHE Date of Receipt Mailing Address 2500 Rocky Mountain Avenue M = M / D 2014 06 16 City State Zip Code Transaction ID: 21824578 CO Loveland 80538-9004 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Hospital Association PA	кС	
Full Name (Last, First, Middle Initial) Ms. Pamela A. Nicholson Mailing Address 5570 DTC Parkway City	State Zip Code	Date of Receipt 06 / 16 / 2014 Transaction ID : 21824580
Centura Health S	CO 80111-3043 C Decupation Renior Vice President Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mr. Scott Kelly Mailing Address 675 S Oregon St		Date of Receipt
City Jacksonville FEC ID number of contributing federal political committee.	State Zip Code OR 97530-9792	Transaction ID : 21824592       Amount of Each Receipt this Period       500.00
Asante Health System	Occupation hief Executive Officer Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Dennis E Burke Mailing Address 610 NW 11th Street		Date of Receipt
City Hermiston FEC ID number of contributing federal political committee.	State Zip Code OR 97838-6601 C	Transaction ID : 21824593       Amount of Each Receipt this Period       500.00
Popoint For:	President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	▶	1250.00

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			for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17
	rmation copied from such Reports and ommercial purposes, other than using the									
	e of COMMITTEE (In Full) erican Hospital Association	PAC								
A. Ms. Mailin City Madu FEC feder Name St. C	Name (Last, First, Middle Initial) Jeanine Gentry ng Address 470 NE 'A' Street ras ID number of contributing al political committee. e of Employer harles Madras ipt For: Primary General Other (specify) ▼		Zip Code 97741-1844 utive Officer Year-to-Date ▼ 350.00			/ sacti	10	2182459 Receipt th	nis Perioo	d 0.00
<b>B.</b> <u>Mr</u> .	Name (Last, First, Middle Initial) Andrew S Davidson ng Address 4000 Kruse Way Place, Suit	e 2-100		[	Date o	f Re	ceipt	D / Y	_2014	Y
City	•	State	Zip Code		Trans		on ID :	2182459	5	_
FEC	Oswego ID number of contributing al political committee.	OR	97035-2543	/	Amoun	t of	Each F	Receipt th	nis Perioo 1000	
Orego	e of Employer on Association of Hospitals and He	Occupation President &								
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
	Name (Last, First, Middle Initial) . Andrea Easton	1			Date o	f Re	ceipt			
	ng Address 258 Evergreen Road #4				м м 06	/	D 10		у у 2014	Y
City Lake	e Oswego	State OR	Zip Code 97034-3145	-				: 2182459 Receipt th		d
	ID number of contributing al political committee.	С					7		100	0.00
Oreg	e of Employer on Association of Hospitals & Heal ipt For: Primary General Other (specify) ▼	Occupation Director of Aggregate								
SUBTO	<b>DTAL</b> of Receipts This Page (optional)						7		2350	0.00

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

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page		X 11a		11b	11c 15		12 16		17
Ai	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma	ay not be sold or used by any p ddress of any political committed	ersor e to s	for the	pur	pose of	soliciting	g cor h co:	ntribut	ions	17
$\square$	NAME OF COMMITTEE (In Full)											
	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Mr. Andy Van Pelt				Date o	f Re	ceipt					
	Mailing Address 4000 Kruse Way Place				M M	/	DD	/ Y	Y	Y	Y	
	Building 2, Suite 100	State	Zip Code		06	۰.	10			014		
	Lake Oswego	OR	97035-5545	$\vdash$			i <b>on ID :</b> : Each Re			Period		
	FEC ID number of contributing federal political committee.	С			Amoun				113 1	1000.	00	
	Name of Employer	Occupation		_								
	Oregon Association of Hospitals & Heal	Director of (	Communications									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11.								
	Other (specify)		1000.00	1								
В.	Full Name (Last, First, Middle Initial) Ms. Katie Harris				Date o	of Re	ceipt					
	Mailing Address 9729 SW Landau Place				M M	/	D D D 10	/ Y	Р 20	Y 1 4	Y	
	City	State	Zip Code			sacti	10 on ID : 2	2182460		)14		
	Tigard	OR	97223-1015				Each R			'eriod		
	FEC ID number of contributing federal political committee.	С					7	5	_	250.	00	
	Name of Employer	Occupation										
	Oregon Association of Hospitals & Heal	Associate D	irector of Program Manageme									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms Kennedy Soileau				Date o	f Re	ceipt					
	Mailing Address 4000 Kruse Way Place Building 2, Suite 100				м м 06	/	10	/ Y		)14	Y	
	City Lake Oswego	State OR	Zip Code 97035-5545	-			ion ID : Each Re			Poriod		
	FEC ID number of contributing federal political committee.	С			Anoun				113 1	500.	.00	
	Name of Employer	Occupation		-								
	Oregon Association of Hospitals & Heal	Director of	Communications									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			1								
	Other (specify)		500.00									
	SUBTOTAL of Receipts This Page (optional).			•						1750.0	00	٦

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial)         Ms. Peggy Allen         Mailing Address 18839 Roundtree         City       State         Oregon City       OR         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Oregon Association of Hospitals & Heal       Director of         Receipt For:       Primary         Other (specify) ▼       General		Date of Receipt 06 10 2014 Transaction ID : 21824607 Amount of Each Receipt this Period 1000.00
Paggint For:	Zip Code 97219-4577 on F Public Policy e Year-to-Date ▼ 1000.00	Date of Receipt
Beceint For:	Zip Code 49242-0053 on and Chief Executive Officer e Year-to-Date ▼ 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		2350.00

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Brian M Connolly Α. Date of Receipt Mailing Address One Parklane Boulevard, Suite 1000 M M / 2014 06 12 City Zip Code State Transaction ID : 21826302 48126-4241 Dearborn MI Amount of Each Receipt this Period FEC ID number of contributing С 525.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Oakwood Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John L. Jones Jr. Date of Receipt Mailing Address 1814 Hazel Avenue M M 06 12 2014 City State Zip Code Transaction ID: 21826362 MI Kalamazoo 49008-2844 Amount of Each Receipt this Period FEC ID number of contributing С 262.50 federal political committee. Name of Employer Occupation Bronson Healthcare Group, Inc. Senior Vice President /COO Receipt For: Aggregate Year-to-Date ▼ Primarv General 262.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Scott Larson MD Date of Receipt Mailing Address 1531 Academy Street M = M D 2014 06 12 City Zip Code State Transaction ID: 21826364 MI Kalamazoo 49006-4400 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Senior Vice President Medical Affairs Bronson Healthcare Group, Inc. Receipt For: Aggregate Year-to-Date **v** Primary General 262.50 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional).....

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

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS	IZED RECEIPTS for each category of the Detailed Summary Page			_	11a 13		11   12	- H	_	11c 15		12 16	· [] .	17	
	y information copied from such Reports and St for commercial purposes, other than using the				n for	the		pos	se of	sol	liciting		ntribu	ions		
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC														
Full Name (Last, First, Middle Initial)         Mr. Bill Manns         Mailing Address 245 Lee Baker								ece	ipt			Y	V	V		
City State Zip Code							06 12 2014 Transaction ID : 21826367									
	Southfield	MI	48075-6805								eipt th		eriod			
	FEC ID number of contributing federal political committee.	С						7		1	7	_	350	.00		
	Name of Employer Mercy Health Saint Mary's	Occupation President														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		350.00													
в.	Full Name (Last, First, Middle Initial) Mr. Robert G Riney				Da	ate o	f Re	ece	ipt							
	Mailing Address One Ford Place				N	06	/	l	12	]	/ Y	ү 20	ү )14	Y		
	City Detroit	State MI	Zip Code 48202-3450								<b>32637</b> eipt th		Period			
	FEC ID number of contributing federal political committee.	С						7			7	_	700	00		
	Name of Employer Henry Ford Health System	Occupation President ar	nd Chief Operating Officer													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00													
С.	Full Name (Last, First, Middle Initial) Ms. Nancy M Schlichting				Da	ate o	f Re	ece	ipt							
	Mailing Address One Ford Place	-			N	06	/	l	D D 12	]	/ Y	20	ү )14	Υ		
	City Detroit	State MI	Zip Code 48202-3450								82637 eipt th		Period			
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	Name of Employer	Occupation	1	-												
	Henry Ford Health System	Chief Execu	utive Officer													
	Receipt For:       Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00													
s	UBTOTAL of Receipts This Page (optional)			 ►	ļ	-		5			7	-	1400.	00	]	
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••			Detailed Summary Page		<b>&lt;</b> 11a		11b	11c		12	
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or	for commercial purposes, other than using	address of any political committee	e to s	olicit co	ntrib	outions	from such	n co	mmitte	эе.	
$\backslash$	NAME OF COMMITTEE (In Full)										
	American Hospital Association	ו PAC									
Α.	Full Name (Last, First, Middle Initial) Mr. Roger Spoelman				Date o	f Re	eceipt				
	Mailing Address 1500 East Sherman Boulev	ard			M M		D	D / Y	Y	Y	Y
		01.1	7. 0. 1		06		12			014	_
	City	State MI	Zip Code 49444-1849					2182637			
	Muskegon	IVII	49444-1049		Amoun	t of	Each I	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	9	_	525.	.00
	Name of Employer	Occupation	1								
	Mercy Health, Hackley Campus	President a	and Chief Executive Officer								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		505.00	11.							
	Other (specify)		525.00	4							
В.	Full Name (Last, First, Middle Initial) Mr. Sam R. Watson				Date o	f Re	eceipt				
	Mailing Address 1240 E. Mill Street				м м 06	/	12			)14	Y
	City	State	Zip Code		Trans	acti		2182638		_	
	Hastings	MI	49058-9185		Amoun	t of	Each I	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	C					7		_	525.	00
	Name of Employer	Occupation	1								
	Michigan Health & Hospital Association	Associate E	Executive Director								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		, 525.00								
<u></u> с.	Full Name (Last, First, Middle Initial) Mr. Mike Way				Date o	f Re	eceipt				
	Mailing Address 7049 Turkey Glen Trail				м м 06	/	12			)14	Y
	City	State	Zip Code		Trans	sact	ion ID	: 2182638	32		
	Kalamazoo	MI	49009-7031		Amoun	t of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	C					,	7	_	262	.50
	Name of Employer	Occupation	1								
	Bronson Healthcare Group, Inc.	Vice Presid	lent								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		262.50	]							
s	UBTOTAL of Receipts This Page (optional).			<u> </u>			7	7		1312.	50

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			for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17
	y not be sold or used by any poddress of any political committee									
NAME OF COMMIT	TEE (In Full) spital Association P	AC								
Full Name (Last, Fir         Mr. B. Bradford         Mailing Address 282         City         Quincy         FEC ID number of of         federal political com         Name of Employer         Blessing Hospital         Receipt For:         Primary         Other (specify	Billings 29 Cheswick Rd. contributing mittee.		Zip Code 62301-6380 nd Chief Executive Officer Year-to-Date ▼ 500.00			/ sactio	16 on ID :	2 2182731 Receipt th	nis Perioo	d 0.00
Full Name (Last, Find Mr. Douglas J.         Mailing Address 242         City         Rockford         FEC ID number of of federal political com         Name of Employer         Rockford Memorial H         Receipt For:         Primary         Other (specify	Brooks 19 Harlem Boulevard contributing mittee. ospital General	State IL Occupation Vice Preside Aggregate				/ sactio	16 n ID :	2182731 Receipt th	nis Perioo	d 0.00
Full Name (Last, Fir         Ms. Helen M.         Mailing Address 240         City         Rockford         FEC ID number of of         federal political com         Name of Employer         Rockford Memorial H         Receipt For:         Primary         Other (specify	Brooks 20 North Rockton Avenue contributing mittee. lospital General	•	Zip Code 61103-3655 Director, Communications Year-to-Date ▼ 250.00			/ sactio	16 0n ID		nis Period	
SUBTOTAL of Receip	ts This Page (optional)								1000	).00

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					13	-		14	15	16	17
	ny information copied from such Reports and for commercial purposes, other than using t										
$\setminus$	NAME OF COMMITTEE (In Full)										
	American Hospital Association	1 PAC									
	Full Name (Last, First, Middle Initial)										
Α.				_				eceipt			
	Mailing Address 303 North Oak Park Avenue	9				 06	/	D 16		2014	Y
	City	State	Zip Code				act		, :2182731		
	Oak Park	IL	60302-2189					-	Receipt th		1
	FEC ID number of contributing	0					-				
	federal political committee.	C				-	-	7	7	750	0.00
	Name of Employer	Occupation									
	Illinois Hospital Association	VP, Corpor	ate Communications & Marketi								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		750.00	11							
			, , , , , , , , , , , , , , , , , , , ,								
B.	Full Name (Last, First, Middle Initial) Mr. Kevin R. England				Dat	e of	f Re	eceipt			
	Mailing Address 1800 Grist Mill Drive				M	M	/	D	D / Y	Y Y	Y
					(	06		16	6	2014	
	City	State	Zip Code		Tr	ans	acti	ion ID	: 2182733	30	
	Springfield	IL	62711-8113		Amo	ount	tof	Each	Receipt th	nis Period	I
	FEC ID number of contributing federal political committee.	С					_	7		250	).00
	Name of Employer	Occupation									
	Memorial Health System	Vice Presid	ent, Business Development								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General Other (specify) ▼		, 250.00								
-	Full Name (Last, First, Middle Initial) Ms. Anna N Evans JD				Dat	o of	F Dc	eceipt			
0.	Mailing Address 701 North First Street					M			D / Y	Y Y	Y
		01-11-	7			06		16		2014	
	City Springfield	State IL	Zip Code 62781-0001						: 218273		
	· •		02701 0001		Amo	ount	i of	Each	Receipt th	is Period	1
	FEC ID number of contributing federal political committee.	С			L	_	_	9	7	25	0.00
	Name of Employer	Occupation									
	Memorial Health System	General Co	unsel and Vice President Int								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00								
	Other (specify)		250.00								
					-		_	_	_		_
s	SUBTOTAL of Receipts This Page (optional).							,		1250	.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Robert W Kay Α. Date of Receipt Mailing Address 166 Maple Grove M M / 2014 06 16 City State Zip Code Transaction ID: 21827334 Springfield IL 62712-9567 Amount of Each Receipt this Period FEC ID number of contributing С 262.50 federal political committee. Name of Employer Occupation Senior Vice President and Chief Financ Memorial Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Richard E. Kempe Date of Receipt Mailing Address 506 Donegal Μ M 06 16 2014 City State Zip Code Transaction ID: 21827335 IL Quincy 62305-0910 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation **Blessing Hospital** Vice President Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Scott Kiriakos Date of Receipt Mailing Address 701 North First Street M = M D 2014 06 16 City State Zip Code Transaction ID: 21827336 IL Springfield 62781-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Vice President Clinical Integration Memorial Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 762.50 SUBTOTAL of Receipts This Page (optional).....

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Hospital Associati	on PAC		
Full Name (Last, First, Middle Initial)         Mr. David Fox         Mailing Address 3815 Highland Avenue         City         Downers Grove         FEC ID number of contributing	State IL	Zip Code 60515-1500	Date of Receipt 06 / 16 / 2014 Transaction ID : 21827337 Amount of Each Receipt this Period
federal political committee.          Name of Employer         Advocate Good Samaritan Hospital         Receipt For:         Primary       General         Other (specify) ▼	C Occupation President Aggregate	Year-to-Date ▼ 750.00	
B. Full Name (Last, First, Middle Initial) Dr. James C Leonard MD Mailing Address 611 West Park Street City	State	Zip Code	Date of Receipt 06 16 2014 Transaction ID : 21827361
Urbana FEC ID number of contributing federal political committee. Name of Employer	IL C	61801-2500	Amount of Each Receipt this Period
Carle Foundation Hospital          Receipt For:         Primary       General         Other (specify)	President a	nd Chief Executive Officer Year-to-Date ▼ 750.00	]
C. Mr. Patrick M Magoon Mailing Address 2300 Children's Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer Ann & Robert H. Lurie Children's Hospi Receipt For: Primary General		Zip Code 60614-3394 nd Chief Executive Officer Year-to-Date ▼	Date of Receipt
Other (specify) ▼ SUBTOTAL of Receipts This Page (option:	al)	3000.00	4500.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Mark R Neaman Α. Date of Receipt Mailing Address 1301 Central Street M M / 2014 06 16 City State Zip Code Transaction ID : 21828258 Evanston IL 60201-1613 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer NorthShore University HealthSystem Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Nancy M Newby RN, PhD, F Date of Receipt Mailing Address 705 South Grand Avenue M M 06 16 2014 City State Zip Code Transaction ID: 21828260 IL Nashville 62263-1534 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Name of Employer Occupation Washington County Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Michael R Perry MD Date of Receipt Mailing Address 1045 West Stephenson Street M = M D 06 16 2014 City State Zip Code Transaction ID: 21828262 IL Freeport 61032-4864 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer FHN Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional).....

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X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Douglas L Rahn DBA Α. Date of Receipt Mailing Address 701 North First Street M M / 2014 06 16 City Zip Code State Transaction ID : 21828264 Springfield IL 62781-0001 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Memorial Health System Executive Vice President and Chief Ope Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Bryan D Hehemann Date of Receipt Mailing Address 25 Hunter Woods Dr М M 06 18 2014 City State Zip Code Transaction ID: 21828679 OH Oxford 45056-9040 Amount of Each Receipt this Period FEC ID number of contributing С 450.00 federal political committee. Name of Employer Occupation McCullough-Hyde Memorial Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 450.00 Other (specify) Full Name (Last, First, Middle Initial) C. Ms. Barbara J. Pasztor RN, BSN, M Date of Receipt Mailing Address 1900 South Main Street M = M D 2014 06 18 City State Zip Code Transaction ID: 21828680 OH Findlay 45840-1214 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Vice President Patient Care Services a Blanchard Valley Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 950.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial)         A.       Dr. James Burke MD         Mailing Address 3621 Wells Fargo Avenue         City         Scottsdale         FEC ID number of contributing federal political committee.         Name of Employer         Scottsdale Healthcare         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 85251-5607 President Medical Affairs Year-to-Date ▼ 250.00	Date of Receipt 06 24 2014 Transaction ID : 21829525 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial)         Ms. Lorna Strayer         Mailing Address 700 Ewing Road         City         Bainbridge         FEC ID number of contributing federal political committee.         Name of Employer         Fisher-Titus Medical Center         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 45612-9476 President Administration a Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr Rick Cicero         Mailing Address 7946 Deborah Court         City         Mentor         FEC ID number of contributing federal political committee.         Name of Employer         Lake Health         Receipt For:         Primary       General         Other (specify)		Zip Code 44060-7320 ent Business Development Year-to-Date ▼ 250.00	Date of Receipt 06 / 18 / 2014 Transaction ID : 21831028 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			550.00

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Receipt For:       Aggregate         Primary       General         Other (specify) ▼	Zip Code 44077-9749 on ee President Admin Services ee Year-to-Date ▼ 250.00	Date of Receipt
Possint For:	Zip Code 44077-7616 on ncial Officer e Year-to-Date ▼ 250.00	Date of Receipt
Popoint For:	Zip Code 44077-9176 on and Chief Executive Officer e Year-to-Date ▼ 500.00	Date of Receipt 06 / 18 2014 Transaction ID : 21831033 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	••••••	1000.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association F	PAC	
Full Name (Last, First, Middle Initial)         Ms. Mary Ogrinc         Mailing Address 1980 E. 221st Street         City         Euclid         FEC ID number of contributing federal political committee.         Name of Employer         Lake Health         Receipt For:         Primary       General         Other (specify)	State       Zip Code         OH       44117-2102         C       C         Occupation       C         Senior Vice President       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Gary J Robinson         Mailing Address 10 East Washington Street         City         Painesville         FEC ID number of contributing federal political committee.         Name of Employer         Lake Health         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OH       44077-3460         C       C         Occupation       Vice President Government and Communit         Aggregate Year-to-Date ▼       250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms. Joyceanne Taylor         Mailing Address 9125 Taylor-May Rd.         City         Chagrin Falls         FEC ID number of contributing federal political committee.         Name of Employer         Lake Health         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OH       44023-1641         C       Occupation         Occupation       C         Chief Quality Officer       Aggregate Year-to-Date ▼         250.00       250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		750.00

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		7
Any information copied from such Reports and Sta or for commercial purposes, other than using the				or the		pose c				17 s
NAME OF COMMITTEE (In Full) American Hospital Association P										
Full Name (Last, First, Middle Initial)         Mr. Wayne G Deschambeau         Mailing Address 835 Sweitzer Street         City         Greenville         FEC ID number of contributing federal political committee.         Name of Employer         Wayne Hospital         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 45331-1007 d Chief Executive Officer //ear-to-Date ▼ 250.00			sact	- 18 ion ID	B : <b>218311</b>	this Peric	_	
Full Name (Last, First, Middle Initial) B. Dr. Thomas Tulisiak MD, FAAFP Mailing Address 3737 Clay Mountain				Date o	f Re	D .		Y Y Y	Y	
City Medina FEC ID number of contributing	State OH	Zip Code 44256-8739	/				: 218311	this Peric	d 60.00	
federal political committee.          Name of Employer         Medina Hospital         Receipt For:         Primary         General         Other (specify) ▼	Occupation President	/ear-to-Date ▼ 250.00				7			<u></u>	
Full Name (Last, First, Middle Initial) C. Mr. Scott Cantley				Date o	f Re	eceipt				
Mailing Address 205 Foxhaven Dr         City         Vincent         FEC ID number of contributing federal political committee.         Name of Employer         Marietta Memorial Hospital         Receipt For:         Primary       General         Other (specify) ▼	State OH Occupation President Aggregate Y	Zip Code 45784-5039 //ear-to-Date ▼ 500.00			sact		B : <b>21831</b> 1	this Peric	_	
SUBTOTAL of Receipts This Page (optional)			-			7		100	0.00	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Α.	Full Name (Last, First, Middle Initial)         Mr. Ross A Matlack FACHE         Mailing Address       272 Benedict Avenue			Date of Receipt
	City Norwalk	State OH	Zip Code 44857-2374	06     18     2014       Transaction ID : 21831201       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Fisher-Titus Medical Center Receipt For: Primary General Other (specify)		nd Chief Executive Officer Year-to-Date ▼ 500.00	]
В.	Full Name (Last, First, Middle Initial) Mr. Fred M Manchur Mailing Address 3965 Southern Boulevard			Date of Receipt
	City Dayton FEC ID number of contributing federal political committee.	State OH	Zip Code 45429-1229	06 18 2014 Transaction ID : 21831202 Amount of Each Receipt this Period 1250.00
	Name of Employer Kettering Health Network	Occupation Chief Exect		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	]
С.	Full Name (Last, First, Middle Initial) Mr. Terry M Burns			Date of Receipt
	Mailing Address 2820 Woodsview Dr #3 City	State	Zip Code	06 18 2014 Transaction ID : 21831213
	Beavercreek	ОН	45431-7730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Greene Memorial Hospital	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
s	UBTOTAL of Receipts This Page (optional)	 		2250.00

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

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			Detailed Summary Page		X 11a	ι	11	1b	11c		12	_	
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Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p address of any political committee	erson e to s	n for th solicit	ne p cont	ourpos tributi	se of ions f	soliciting rom such	CO 1 CO	ntribu mmit	tion tee.	S
$\backslash$	NAME OF COMMITTEE (In Full)												
	American Hospital Association	PAC											
Α.	Full Name (Last, First, Middle Initial) Dr. Roy G Chew PhD				Date	of	Rece	eipt					
	Mailing Address 3535 Southern Boulevard				M	M 5	/	D D 18	/ Y		ү 014	Y	
	City	State	Zip Code		Tra	nsa	action	ו ID :	2183121				<u> </u>
	Kettering	OH	45429-1221		Amo	unt	of Ea	ach R	eceipt thi	is F	'eriod		
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	Name of Employer	Occupation	l										
	Kettering Health Network	President											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11.									
	Other (specify)		500.00										
в.	Full Name (Last, First, Middle Initial) Mr. George Lewis				Date	of	Rece	eipt					
	Mailing Address 3965 Southern Blvd				M 0	М	_	D D D 18	/ Y		) 14	Y	
	City	State	Zip Code			_	action		2183121				
	Kettering	OH	45429-1229						eceipt th		'eriod		
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	Kettering Health Network	Vice Presid	ent										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
— c.	Full Name (Last, First, Middle Initial) Mr. Richard Haas FACHE				Date	of	Rece	eipt					
	Mailing Address 405 Grand Avenue				M 0		/	D D D 18	/ Y		) 14	Y	
	City	State	Zip Code		Tra	nsa	actior	n ID :	2183121		_		
	Dayton	ОН	45405-4720		Amo	unt	of Ea	ach R	eceipt thi	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7			_	500	0.00	
	Name of Employer	Occupation	1	-									
	Grandview Medical Center	President											
	Receipt For:		Year-to-Date ▼										
	Primary General	riggiogato		11.									
	Other (specify)	L	500.00										
s	UBTOTAL of Receipts This Page (optional)			►						_	1500	.00	П

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>
Any information copied from such Reports and									
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Hospital Association		ddress of any political committee			ntrik	outions	from such	n commi	ttee.
Full Name (Last, First, Middle Initial)         Mr. Peter J King         Mailing Address 405 Grand Avenue         City         Dayton         FEC ID number of contributing federal political committee.         Name of Employer         Grandview Medical Center         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 45405-4720 ent Finance and Operations Year-to-Date ▼ 500.00			sact	18 ion ID		nis Perio	
Full Name (Last, First, Middle Initial)         Mr. Ron D Connovich         Mailing Address 5406 Utica Rd         City         Waynesville         FEC ID number of contributing federal political committee.         Name of Employer         Greene Memorial Hospital         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occupation Vice Presid Aggregate				act	18 ion ID		nis Perio	_
Full Name (Last, First, Middle Initial)         Mr Timothy Ko         Mailing Address 265 Reed Rd         Apt. L         City         Dayton         FEC ID number of contributing         federal political committee.         Name of Employer         Kettering Health Network         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 45440-4526 ent, Finance Year-to-Date ▼ 500.00			sact	18 tion ID		nis Perio	
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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC		
Full Name (Last, First, Middle Initial)         Mr. Jarrod McNaughton         Mailing Address 4985 Walnut Walk         City         Kettering         FEC ID number of contributing federal political committee.         Name of Employer         Kettering Health Network         Receipt For:		ent, Mission & Development	Date of Receipt
Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) B. Mr. Steven Chavez Mailing Address 4761 Mad River RD City Kettering	State OH	Zip Code 45429-2120	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Greene Memorial Hospital Receipt For:	C Occupation Chief Finan Aggregate		500.00
Full Name (Last, First, Middle Initial)         Ms. Teresa M Day         Mailing Address 4533 Southern Blvd         City         Kettering         FEC ID number of contributing federal political committee.         Name of Employer         Kettering Health Network         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 45429-1118 /ice President Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	l)		1500.00

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

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Associati	on PAC		
Full Name (Last, First, Middle Initial)         Mr. Mark T. Smith JD, CPA         Mailing Address 540 Old Harbor Ct         City         Dayton         FEC ID number of contributing federal political committee.         Name of Employer         Fort Hamilton Hospital         Receipt For:         Primary       General         Other (specify)	State OH C Occupation President Aggregate	Zip Code 45458-2878 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Shannan Ritchie         Mailing Address 14519 Detroit Avenue         City         Lakewood         FEC ID number of contributing federal political committee.         Name of Employer         Lakewood Hospital         Receipt For:         Primary       General         Other (specify)	State OH C Occupation Chief Opera Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Donald Malone MD         Mailing Address 337 W. Edinburgh Dr         City         Highland Heights         FEC ID number of contributing federal political committee.         Name of Employer         Lutheran Hospital         Receipt For:         Primary       General         Other (specify)	State OH C Occupation President Aggregate	Zip Code 44143-3808 Year-to-Date ▼ 250.00	Date of Receipt 06 18 2014 Transaction ID : 21831238 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	l)		• 1000.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		11b 14	11c 15	12 16	17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r								
NAME OF COMMITTEE (In Full) American Hospital Association P	AC							
Full Name (Last, First, Middle Initial)         Ms. Mandy C Goble         Mailing Address 205 Palmer Avenue         City         Bellefontaine         FEC ID number of contributing federal political committee.         Name of Employer         Mary Rutan Hospital         Receipt For:         Primary       General         Other (specify) ▼	State OH Occupation President and Aggregate Ye	Zip Code 43311-2298 Chief Executive Officer ear-to-Date ▼ 250.00		/ actic	18 200 ID :	2183124 Receipt th	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial)         Mr. Clifton Patten         Mailing Address 2381 Shelterwood Dr.         City         Kettering         FEC ID number of contributing federal political committee.         Name of Employer         Kettering Health Network         Receipt For:         Primary       General         Other (specify) ▼	State OH Occupation VP Finance ar Aggregate Ye	Zip Code 45409-1915 nd Decision Support ear-to-Date ▼ 500.00		/ actic	18 200 ID :	2183125 Receipt th	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial)         Mr. Michael D Connelly         Mailing Address 615 Elsinore Place         City         Cincinnati         FEC ID number of contributing federal political committee.         Name of Employer         Catholic Health Partners         Receipt For:         Primary       General         Other (specify) ▼	State OH Occupation President and Aggregate Ye	Zip Code 45202-1459 Chief Executive Officer ear-to-Date ▼ 250.00		/ actio	18 0n ID :		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)					,	-	1000	).00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Hospital Association PA	C	
Terrace Park         FEC ID number of contributing federal political committee.         Name of Employer       Octoor         Mercy Health Partners - Southwest Ohio       Pression Factorial	State Zip Code OH 45174-1203 C Compation esident & Chief Executive Officer ogregate Year-to-Date ▼ 500.00	Date of Receipt
Lancaster FEC ID number of contributing federal political committee. Name of Employer Fairfield Medical Center Ch	State Zip Code OH 43130-3372 C Compation ief Financial Officer ggregate Year-to-Date ▼ 500.00	Date of Receipt 06 18 2014 Transaction ID : 21831474 Amount of Each Receipt this Period 500.00
Canton FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center Pr Pagoint For:	State Zip Code OH 44708-2614 C Compation esident and Chief Executive Officer ggregate Year-to-Date ▼ 250.00	Date of Receipt 06 / 18 / 2014 Transaction ID : 21831488 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	••••••	1250.00

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Amy Andres Α. Date of Receipt Mailing Address 6086 Flora Villa Dr. M M / 2014 06 18 City Zip Code State Transaction ID : 21831492 OH Worthington 43085-3353 Amount of Each Receipt this Period FEC ID number of contributing С 650.00 federal political committee. Name of Employer Occupation **Ohio Hospital Association** Senior Vice President, Quality & Data Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Berna Bell Date of Receipt Mailing Address 3216 Whitehead Rd. M M 06 18 2014 City State Zip Code Transaction ID: 21831493 OH Columbus 43204-1856 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation **Ohio Hospital Association** Director, Fiscal Policy Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Randall D Oostra FACHE Date of Receipt Mailing Address 1801 Richards Road M = M / D 2014 06 18 City State Zip Code Transaction ID: 21831495 OH Toledo 43607-1037 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer ProMedica Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional).....

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		Detailed Summary Page	X 11a 11b 11c 12						
y information copied from such Reports and Statements may not the for commercial purposes, other than using the name and address         NAME OF COMMITTEE (In Full)         American Hospital Association PAC         Full Name (Last, First, Middle Initial)         Dr. Kevin C Webb PhD         Mailing Address 2142 North Cove Boulevard         City       State       Zig         Toledo       OH       43         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         President       Aggregate Year-to         Other (specify) ▼       C         Full Name (Last, First, Middle Initial)       Mr. John S Prout         Mailing Address 619 Oak Street       C         City       State       Zig         Cincinnati       OH       45         FEC ID number of contributing federal political committee.       C       Image 20         Name of Employer       Occupation       Occupation         President and Chie       Aggregate Year-to       Image 20         City       State       Zig         City       General       OH       45         FEC ID number of contributing federal political committee.       Aggregate Year-to       Image 20			13		14	15	16	17	
NAME OF COMMITTEE (In Full)									
American Hospital Associati	on PAC								
Full Name (Last, First, Middle Initial) A. Dr. Kevin C Webb PhD				Date of	of R	eceipt			
Mailing Address 2142 North Cove Bouleva	ard			06	Λ	/		2014	Y
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Toledo	OH	43606-3895		Amour	nt o	f Each	Receipt th	nis Perior	k
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Other (specify)		500.00	4						
Full Name (Last, First, Middle Initial) B. Mr. John S Prout	·			Date of	of R	eceipt			
Mailing Address 619 Oak Street				06	Л	/		2014	Y
City	State	Zip Code		Tran	sac	tion ID	: 2183151	1	
Cincinnati	OH	45206-1613		Amour	nt o	f Each	Receipt th	nis Period	k
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TriHealth	President a	nd Chief Executive Officer							
Receipt For:	Aggregate	Year-to-Date ▼							
		500.00							
Full Name (Last, First, Middle Initial) C. Mr. Tim Colburn				Date of	of R	eceipt			
Mailing Address 600 North Pickaway Stre	et			M 06	Л	/		2014	Y
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Circleville	OH	43113-1447		Amou	nt o	f Each	Receipt th	nis Period	k
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Name of Employer	Occupation	1							
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SUBTOTAL of Receipts This Page (optional	l)							1550	0.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial)         Mr Douglas Vang         Mailing Address 502 Harwood Dr.         City       State         Fargo       ND         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupat         Sanford Medical Center Fargo       Presiden         Receipt For:       Aggrega         Other (specify) ▼       Image: Control of the specify of the specified of the specifie		Date of Receipt
Passint For:	Zip Code 03301-7300 ion t and CEO ite Year-to-Date ▼ 546.00	Date of Receipt 06 23 2014 Transaction ID : 21831636 Amount of Each Receipt this Period 45.50
Poppint For:	Zip Code 03229-3402 ion ance and Rural Hospitals te Year-to-Date ▼ 200.40	Date of Receipt 06 23 2014 Transaction ID : 21831637 Amount of Each Receipt this Period 16.70
SUBTOTAL of Receipts This Page (optional)		392.20

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			Detailed Summary Page		<b>K</b> 11a		11b	11c		12	
Any information copied from such Reports or for commercial purposes, other than usin         NAME OF COMMITTEE (In Full)         American Hospital Associat         Full Name (Last, First, Middle Initial)         A.         Mr. Charlie Shields         Mailing Address 47 SE Erin Court         City         Saint Joseph         FEC ID number of contributing federal political committee.         Name of Employer         Truman Medical Center-Lakewood         Receipt For:         Primary         General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         B.         Ms. Robin Damschroder         Mailing Address 2297 Trillium Woods Dri         City         Ann Arbor         FEC ID number of contributing federal political committee.         Name of Employer         St. Joseph Mercy Hospital Ann Arbor         FEC ID number of contributing federal political committee.         Name of Employer         St. Joseph Mercy Hospital Ann Arbor         Receipt For:         Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         C.       Ms. Tina Weatherwax Grant				13		14	15		16	17	
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	-	MO	64507-7984					eceipt th		riod	
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	Name of Employer	Occupation	1								
	Truman Medical Center-Lakewood	Chief Opera	ating Officer								
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D.				_			•				
	Walling Address 2297 Trillum Woods Drive				06		19	/ Y	_201	ү 4	Y
	City	State	Zip Code			actio		2183182		-	
	Ann Arbor	МІ	48105-9355					eceipt th		riod	
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		Hospital Ad	ministration								
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	Other (specify)		350.00								
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	Okemos	MI	48864-3350		Amoun	t of E	Each R	eceipt th	is Pe	riod	
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$\Big\rangle$	American Hospital Association	PAC											
Α.	Full Name (Last, First, Middle Initial) Mr. Randall D Oostra FACHE				Date	e of	Re	eceipt					
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	8	С						7	7	_	175	.00	
	Name of Employer	Occupation	1										
	ProMedica Health System	President a	Ind Chief Executive Officer										
		Aggregate	Year-to-Date ▼										
	y information copied from such Reports and Statements may not be sold or used by any pe for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Randall D Oostra FACHE Mailing Address 1801 Richards Road City State Zip Code Toledo OH 43607-1037		11										
	Other (specify) ▼			4									
в.					Date	e of	Re	eceipt					
	Mailing Address 3260 Charlwood Dr.					™ 6	/	19			) 014	Y	
	City	State	Zip Code		Tra	ans	acti	ion ID :	2183192		-		
	Rochester Hills	MI	48306-3614						Receipt th		'eriod		
		С						7	7	_	262	.50	
	Name of Employer	Occupation	1										
	Genesys Health System	Chief Finan	cial Officer										
	•	Aggregate	Year-to-Date ▼										
			262.50	1									
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	Mailing Address 1160 S Iva Rd					™ 6	/	19			) 014	Y	
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	5	С						7	7	_	350	.00	
	Name of Employer	Occupation	1										
	Sparrow Health System	Senior Vice	President and Chief Medica										
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s	UBTOTAL of Receipts This Page (optional)			•			1	7			787.	50	

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			Detailed Summary Page		<b>&lt;</b> 11a		11b	11c	12	_					
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	ny information copied from such Reports and s for commercial purposes, other than using th														
$\backslash$	NAME OF COMMITTEE (In Full)														
$\langle \rangle$	American Hospital Association	PAC													
Α.	Full Name (Last, First, Middle Initial) Ms. Marijo Snyder				Date o	f Re	eceipt								
	Mailing Address 1731 Breezy Point Lake						19		2014	Y	1				
	City State Zip Code Kalamazoo MI 49009-8017						06 19 2014 Transaction ID : 21831931								
	Kalamazoo	MI		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			210.00										
	Name of Employer	Occupation	1												
	Bronson Healthcare Group, Inc.	Vice Presic	lent, System Quality												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	33 - 3		11.											
	Other (specify)		210.00	1											
в.	Full Name (Last, First, Middle Initial) Mr. David A Spivey				Date o	of Re	eceipt								
	Mailing Address 36475 West Five Mile Road						06 19 2014								
	City	State Zip Code						Transaction ID : 21831932							
	Livonia	MI	48154-1988	Amount of Each Receipt this Peri					is Perio	d					
	FEC ID number of contributing federal political committee.	C			262.50										
	Name of Employer	Occupation	1	-											
	St. Mary Mercy Hospital	President a	nd Chief Executive Officer												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>												
	Primary General Other (specify) ▼		262.50	262.50											
<u>с</u> .	Full Name (Last, First, Middle Initial) C. Mr. Kim Price Date of Receipt														
	Mailing Address 1720 Central Avenue East						23		2014	Y	1				
	City	State	Zip Code		Tran	sac		: 2183193		-					
	Hampton	IA	50441-1869		Amoun	it of	Each F	Receipt th	is Perio	d					
	FEC ID number of contributing federal political committee.						7		25	50.00	נ				
	Name of Employer Occupation														
	Franklin General Hospital	Chief Exec	utive Officer												
	Receipt For:	Aggregate													
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) American Hospital Association	PAC								
Full Name (Last, First, Middle Initial) A. Mr. Gary Botine Mailing Address 3201 Foxley Drive City	State	Zip Code	Date of Receipt						
Ames	IA	50010-1109	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation								
Mary Greeley Medical Center Receipt For:	Chief Finar	ncial Officer							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Michelle Niermann			Date of Receipt						
Mailing Address P O Box 3026	Otata	Zin Oada	06 / D D / Y Y Y Y Y 2014						
City Cedar Rapids	State IA	Zip Code 52406-3026	Transaction ID : 21831941						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer UnityPoint Health - St. Luke's Hospita	Occupation Vice Presid	n lent Operations							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, First, Middle Initial) C. Ms. Mary Ann Osborn RN, MA	Date of Receipt								
Mailing Address 1026 A Avenue	06 23 2014								
City Cedar Rapids	State IA	Zip Code 52402-5036	Transaction ID : 21831949						
FEC ID number of contributing federal political committee.	C	52402-5050	Amount of Each Receipt this Period						
Name of Employer									
UnityPoint Health - St. Luke's Hospita	Vice Presid	lent, Chief Clinical Officer							
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 375.00							
SUBTOTAL of Receipts This Page (optional)			875.00						

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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TEMIZED RECEIPTS	Detailed Sur		X 11a 11b 11c 12
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association			
Full Name (Last, First, Middle Initial)         Ms. Donna Hubbell         Mailing Address 933 E Pierce St         #2C         City         Council Bluffs         FEC ID number of contributing federal political committee.         Name of Employer         Methodist Jennie Edmundson Hospital         Receipt For:         Primary       General         Other (specify)	State       Zip Code         IA       51503-462         C       Occupation         Vice President Quality & Pa         Aggregate Year-to-Date ▼	atient Safet	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms. Rebecca Anthony         Mailing Address       100 East Grand Avenue         Suite 100         City         Des Moines         FEC ID number of contributing         federal political committee.         Name of Employer         Iowa Hospital Association         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code IA 50309-180 C Occupation Vice President, Education Aggregate Year-to-Date ▼	214.26	Date of Receipt 06 / 23 / 2014 Transaction ID : 21831956 Amount of Each Receipt this Period 35.71
Full Name (Last, First, Middle Initial)         Ms. Laura Malone         Mailing Address       100 East Grand Avenue         Suite 100         City         Des Moines         FEC ID number of contributing federal political committee.         Name of Employer         Iowa Hospital Association         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code IA 50309-181 C Occupation Director of Nursing & Clinic Aggregate Year-to-Date ▼	al Service	Date of Receipt 06 / 23 / 2014 Transaction ID : 21831961 Amount of Each Receipt this Period 35.71
SUBTOTAL of Receipts This Page (optional	)		321.42

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association F	PAC	
Full Name (Last, First, Middle Initial)         Mr. Perry J. Meyer         Mailing Address 1920 SE Olson Drive         City         Waukee         FEC ID number of contributing federal political committee.         Name of Employer         Iowa Hospital Association         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         IA       50263-8180         C       Occupation         Senior Vice President         Aggregate Year-to-Date ▼         214.26	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Arthur John Spies II         Mailing Address 100 E. Grand Ave. Suite 100         City         Des Moines         FEC ID number of contributing federal political committee.         Name of Employer         Iowa Hospital Association         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         IA       50309-1800         C       Occupation         Senior Vice President, Membership Svcs         Aggregate Year-to-Date ▼         214.26	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Dennis A. White         Mailing Address       100 East Graham Avenue         Suite 100         City         Des Moines         FEC ID number of contributing         federal political committee.         Name of Employer         Iowa Hospital Association         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         IA       50309-1835         C       Occupation         Senior Vice President         Aggregate Year-to-Date ▼         214.26	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	107.13

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

Use separate schedule(s) for each category of the

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		or each category of the letailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC						
Full Name (Last, First, Middle Initial)         Ms. Suzanne Borgos         Mailing Address 21 Quaker Street         City         Chesterfield         FEC ID number of contributing federal political committee.         Name of Employer         Capital Health         Receipt For:         Primary       General         Other (specify) ▼	State NJ C Occupation Vice President, Aggregate Year		Date of Receipt				
Full Name (Last, First, Middle Initial)         B.       Mr. Nathan Bosk         Mailing Address 8 Averstone Road         City	State	Zip Code	Date of Receipt 06 27 2014 Transaction ID : 21832015				
Holland FEC ID number of contributing federal political committee.	PA C	18966-2676	Amount of Each Receipt this Period				
Name of Employer Capital Health	Occupation Vice President,	Ambulatory Services					
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 292.50	]				
C. Full Name (Last, First, Middle Initial) Mr. J. Scott Clemmensen Mailing Address 140 Chilton Road	Mr. J. Scott Clemmensen						
City Langhorne	State PA	Zip Code 19047-8115	06     27     2014       Transaction ID : 21832019       Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		292.50				
Name of Employer Capital Health Receipt For: Primary General Other (specify) <del>V</del>	Occupation Vice President H Aggregate Year	Human Resources -to-Date ▼ 292.50	]				
SUBTOTAL of Receipts This Page (optional	)		877.50				

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association P	PAC	
Full Name (Last, First, Middle Initial)         Mr. Gregory D'Adamo         Mailing Address 33 Brookwood Road         City         Mount Laurel         FEC ID number of contributing federal political committee.         Name of Employer         Capital Health         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NJ       08054-4714         C       Occupation         Vice President, Support Services         Aggregate Year-to-Date ▼         292.50	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Larry DiSanto         Mailing Address 46 Oakmont Road         City         Lakewood         FEC ID number of contributing federal political committee.         Name of Employer         Capital Health         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NJ       08701-5764         C       Occupation         Executive Vice President and Chief Ope         Aggregate Year-to-Date ▼         325.00	Date of Receipt 06 27 2014 Transaction ID : 21832024 Amount of Each Receipt this Period 325.00
Full Name (Last, First, Middle Initial)         Dr. Dennis J Dooley MD         Mailing Address 63 Dogwood Lane         City         Newtown         FEC ID number of contributing federal political committee.         Name of Employer         Capital Health         Receipt For:         Primary       General         Other (specify) ▼	State PA       Zip Code 18940-9653         C       C         Occupation       C         Vice President Planning and Developmen         Aggregate Year-to-Date ▼         292.50	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	910.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports and St or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) American Hospital Association F	PAC								
Full Name (Last, First, Middle Initial)         Mr. Shane Fleming         Mailing Address 5 Canterbury Court         City         Columbus         FEC ID number of contributing federal political committee.         Name of Employer         Capital Health         Receipt For:         Primary       General         Other (specify) ▼	State NJ Occupation Chief Finan Aggregate				/ sacti	27	: 2183202	his Period	2.50
Full Name (Last, First, Middle Initial)         Mr. Warren Geller         Mailing Address 12 Lois Avenue         City         Demarest         FEC ID number of contributing federal political committee.         Name of Employer         Englewood Hospital and Medical Center         Receipt For:         Primary       General         Other (specify) ▼	1	Zip Code 07627-2220 Ind Chief Executive Officer Year-to-Date ▼ 227.50			/ acti	27 on ID :	: 2183203	his Perioo	7.50
Full Name (Last, First, Middle Initial)         Ms. Robin Goldfischer ESQ         Mailing Address 370 Lydecker Street         City         Englewood         FEC ID number of contributing federal political committee.         Name of Employer         Valley Health System         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 07631-1914 lent and General Counsel Year-to-Date ▼ 325.00			/ sacti	27 ion ID	7 : 218320:	his Period	5.00
SUBTOTAL of Receipts This Page (optional)						,		845	5.00

TOTAL This Period (last page this line number only)......
Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summa	ary Page	2	-		11b	11c	Щ	12		
Δr	ny information copied from such Reports and St	atemente mo	av not be sold or u	sed by any or		13 for the	nur	14	15 soliciting		16 htribut		17
or	for commercial purposes, other than using the	name and a	ddress of any polit	ical committee	to so	blicit co	ntrib	utions f	rom such		mmitt	ee.	
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	American Hospital Association F	PAC											
Α.	Full Name (Last, First, Middle Initial) Mr. Eugene Grochala					Date of	Re	ceipt					
	Mailing Address 3 Barto Way					м м 06	/	27	/ Y	ү 20	)14	Y	
	City	State	Zip Code			Trans	acti	ion ID :	2183203	4			
	Robbinsville	NJ	08691-2421		_	Amount	t of	Each R	eceipt th	is P	eriod		_
	FEC ID number of contributing federal political committee.	С					_	,	7	_	292	50	
	Name of Employer	Occupation											
	Capital Health	Vice Preside	ent Information Sys	tems									
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		7 7	292.50									
В.	Full Name (Last, First, Middle Initial) Mr. Michael Guerriero					Date of	Re	ceipt					
	Mailing Address 760 Alexander Road					м м 06	/	27	/ Y	_ Y _ 20	14	Y	
	City	State	Zip Code			Trans	acti	on ID :	2183203				
	Princeton	NJ	08540-6305		_	Amount	t of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						9	7		6.	50	
	Name of Employer	Occupation											
	New Jersey Hospital Association	Vice Preside	ent										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)			217.75									
c.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins					Date of	Re	ceipt					
	Mailing Address 6180 Lower Mountain Road					м м 06	1	D D D 27	/ Y		ү 14	Y	
	City New Hope	State PA	Zip Code 18938-5760		_				2183203 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С						y	7		6	.50	
	Name of Employer	Occupation											
	New Jersey Hospital Association	Sr. VP., He	alth Economics										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		7 7	217.20									
s	UBTOTAL of Receipts This Page (optional)							7			305.	50	
					-	100 C							

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Eileen Horton Α. Date of Receipt Mailing Address 633 Dutch Neck Road M M / 2014 06 27 City Zip Code State Transaction ID: 21832037 East Windsor NJ 08520-1103 Amount of Each Receipt this Period FEC ID number of contributing С 292.50 federal political committee. Name of Employer Occupation Vice President, Patient Services Capital Health Receipt For: Aggregate Year-to-Date ▼ Primary General 292.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Sarah Lechner Date of Receipt Mailing Address 760 Alexander Road М M 06 27 2014 City State Zip Code Transaction ID: 21832043 NJ Princeton 08540-6305 Amount of Each Receipt this Period FEC ID number of contributing С 6.50 federal political committee. Name of Employer Occupation New Jersey Hospital Association General Counsel Receipt For: Aggregate Year-to-Date ▼ Primarv General 247.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Al Maghazehe PhD, FACHE Date of Receipt Mailing Address 314 Stoney Ford Road M = M 2014 06 27 City State Zip Code Transaction ID: 21832044 PA Holland 18966-2510 Amount of Each Receipt this Period FEC ID number of contributing 1422.20 С federal political committee. Name of Employer Occupation Chief Executive Officer Capital Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1422.20 Other (specify) 1721.20 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		<b>&lt;</b> 11a		11b	11c		12					
				13		14	15		16		7			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements m he name and a	ay not be sold or used by any p address of any political committee	erson e to s	for the olicit co	pur ntrit	pose of putions	f soliciting from sucl	j co h co	ntribut mmitte	ions ee.				
NAME OF COMMITTEE (In Full)														
American Hospital Association	n PAC													
Full Name (Last, First, Middle Initial) A. Ms. Audrey Meyers FACHE			Date of Receipt											
Mailing Address 251 Highland Avenue			06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City	State	Zip Code		Trans	sact	ion ID :	2183204							
Ridgewood	NJ	07450-2726		Amoun	t of	Each F	Receipt th	is F	'eriod					
FEC ID number of contributing federal political committee.	С					7			1300.	.00	]			
Name of Employer	Occupation	1												
Valley Health System	President a	and Chief Executive Officer												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	/ iggi eguie		11.											
Other (specify)	L	1300.00												
Full Name (Last, First, Middle Initial) B. Mr. Stephen Miller				Date o	f Re	eceipt								
Mailing Address 1677 Whitehouse Road										Y				
City	State	Zip Code		Trans	act	ion ID :	2183204	8						
Ambler	PA	19002-3126	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С					7	7	_	292.	50	]			
Name of Employer	Occupation	1												
Capital Health	Chief Com	pliance and Privacy Officer												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 292.50												
Full Name (Last, First, Middle Initial) C. Dr. Robert Remstein DO				Date o	f Re	eceipt					_			
Mailing Address 197 Anselm Road				м м 06	/	27			) 14	Y				
City	State	Zip Code		1.1.1	sact		2183205							
Richboro	PA	18954-2032					Receipt th		'eriod					
FEC ID number of contributing federal political committee.	С					7	7		292	.50	]			
Name of Employer	Occupation	1	$\neg$											
Capital Health	Vice Presid	dent Medical Affairs												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		292.50												
SUBTOTAL of Receipts This Page (optional)									1885.	00	ī			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John Slotman Α. Date of Receipt Mailing Address 760 Alexander Road M M / 2014 06 27 City Zip Code State Transaction ID: 21832054 Princeton NJ 08540-6305 Amount of Each Receipt this Period FEC ID number of contributing С 6.50 federal political committee. Name of Employer Occupation VP, GME and Teaching Hospital Issues New Jersey Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 286.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Joseph A Trunfio PhD Date of Receipt Mailing Address 10 Eagle Rock Drive М M 06 27 2014 City State Zip Code Transaction ID: 21832058 NJ 07005-9520 **Boonton Township** Amount of Each Receipt this Period FEC ID number of contributing С 1300.00 federal political committee. Name of Employer Occupation Atlantic Health System President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Arlene Walsh Date of Receipt Mailing Address 10 Stratton Drive M = M 2014 06 27 City Zip Code State Transaction ID: 21832059 NJ Hamilton 08690-2414 Amount of Each Receipt this Period FEC ID number of contributing 292.50 С federal political committee. Name of Employer Occupation Director Maternal and Child Health Capital Health Receipt For: Aggregate Year-to-Date ▼ Primary General 292.50 Other (specify) 1599.00 SUBTOTAL of Receipts This Page (optional).....

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David E Phelps Α. Date of Receipt Mailing Address 725 North Street M M / 2014 06 24 City Zip Code State Transaction ID : 21832075 Pittsfield MA 01201-4124 Amount of Each Receipt this Period FEC ID number of contributing С 750.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Berkshire Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Bruce Bertrand Date of Receipt Mailing Address 1 Stephanie Ann Lane M M 06 24 2014 City State Zip Code Transaction ID: 21832076 MA Sterling 01564-2839 Amount of Each Receipt this Period FEC ID number of contributing С 262.50 federal political committee. Name of Employer Occupation Heywood Hospital V.P., Medical Affairs, Chief Medical O Receipt For: Aggregate Year-to-Date ▼ Primarv General 262.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Alan G. MacDonald Date of Receipt Mailing Address 92 Bacon Street M = M 2014 06 24 City Zip Code State Transaction ID: 21832077 MA Winchester 01890-2638 Amount of Each Receipt this Period FEC ID number of contributing 375.00 С federal political committee. Name of Employer Occupation Hallmark Health System EVP, Strategy & External Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 1387.50 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Full Name (Last, First, Middle Initial)         Mr. Alan J. Macdonald         Mailing Address 55 Fogg Road         City         South Weymouth         FEC ID number of contributing federal political committee.         Name of Employer         South Shore Hospital         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MA       02190-2432         C       C         Occupation       C         Director/Public Policy and Funding         Aggregate Year-to-Date ▼         262.50	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms. Rebecca Hultberg         Mailing Address 1049 West Fifth Avenue Suite 1         City         Anchorage         FEC ID number of contributing federal political committee.         Name of Employer         Alaska State Hospital and Nursing Home         Receipt For:         Primary       General         Other (specify) ▼	00 State Zip Code AK 99501-1965 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms. Janelle Reilly         Mailing Address 200 South Wacker Drive         City         Chicago         FEC ID number of contributing federal political committee.         Name of Employer         Presence Health         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         IL       60606-5829         C       C         Occupation       C         Chief Operating Officer       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       250.00	Date of Receipt 06 24 2014 Transaction ID : 21832097 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	••••••	1012.50

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	EMIZED RECEIPTS	DRECEIPTS for each category of the Detailed Summary Page						11c	12								
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any put	person	13 for the	> pu	14 Irpose c	of soliciting	16 g contribu	tions							
	NAME OF COMMITTEE (In Full) American Hospital Association																
Α.	Full Name (Last, First, Middle Initial) Dr. Stephanie Wolf-Rosenblum MD Mailing Address P O Box 2014					of R	Receipt		2014	Y							
	City Nashua	State NH	Zip Code 03061-2014		06     26     2014       Transaction ID : 21832099       Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				_	7	7	350	0.00							
	Name of Employer         Southern New Hampshire Medical Center         Receipt For:         Primary         General         Other (specify) ▼	Occupation Chief Medic Aggregate		]													
В.	Full Name (Last, First, Middle Initial) Ms. Mary Krinkie					of F	Receipt										
	Mailing Address 2550 University Avenue W. Suite 350-S City	State	06 26 2014 Transaction ID : 21832106														
	Saint Paul	MN	Zip Code 55114-1052		nis Period												
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –						500.0									
	Name of Employer Minnesota Hospital Association	Occupation Vice Presid	ent, Government Relations														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00														
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Clinton J Christianson FACH	E			Date of	of F	Receipt										
	Mailing Address 1 St Joseph's Drive				м 06		/ D	_	2014	Y							
	City Centerville	State IA	Zip Code 52544-9017					: 2183211 Receipt th									
	FEC ID number of contributing federal political committee.	С				_	7	7	375	5.00							
	Name of Employer	Occupation	1														
	Mercy Medical Center-Centerville	President															
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1													
5	UBTOTAL of Receipts This Page (optional)						-		1225	.00							

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# SCHEDULE A (FEC Form 3X) DEOEIDTO

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	212	for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17							
	m such Reports and Statements mass, other than using the name and a										
NAME OF COMMITTEE American Hospi	(In Full) tal Association PAC										
A. Mr. Theodore E To Mailing Address 1795 F	wnsend FACHE lighway 64 East	Date of Receipt									
City Anamosa	State IA	Zip Code 52205-2112	Transaction ID Amount of Each	: 21832119 Receipt this Period							
FEC ID number of cont federal political committe	Ű.			625.00							
Name of Employer UnityPoint Health - St. Li Receipt For:		nd Chief Executive Officer									
	General	Year-to-Date ▼ 625.00	]								
B. Mr. James M Haye Mailing Address 1518 M	es		Date of Receipt	D / Y Y Y Y							
City	State	Zip Code	0626 Transaction ID								
Muscatine	IA	52761-3433		Receipt this Period							
FEC ID number of cont federal political committe	Ű.			250.00							
Name of Employer UnityPoint Health - Trinit	y Muscatine Occupation	utive Officer									
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 250.00	]								
Full Name (Last, First, I	Middle Initial)		Date of Receipt								
Mailing Address 3090 L	undy Ln		/ D 06 _ 26								
City Bettendorf	State IA	Zip Code 52722-3975	Transaction ID Amount of Each	: 21832121 Receipt this Period							
FEC ID number of cont federal political committe	Ű.		250								
Name of Employer	Occupatior	I									
Genesis Medical Center	-Davenport Vice Presid	lent, Quality									
Receipt For: Primary Other (specify) ▼	General Aggregate	]									
SUBTOTAL of Receipts T	his Page (optional)			1125.00							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17
Any information copied from such Reports and Sta or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) American Hospital Association P	PAC								
Full Name (Last, First, Middle Initial)         Mr. Chad R. Austin         Mailing Address 6518 SW 26th Court         City         Topeka         FEC ID number of contributing federal political committee.         Name of Employer         Kansas Hospital Association         Receipt For:         Primary       General         Other (specify) ▼	Chad R. Austin         Address 6518 SW 26th Court         a       State       Zip Code         a       KS       66614-4305         D number of contributing political committee.       C       C         of Employer       Occupation       Sr. Vice President, Government Relatio         t For:       Aggregate Year-to-Date ▼         Primary       General								
Full Name (Last, First, Middle Initial)         Mr. John R Broberg FACHE         Mailing Address 1020 Parkshire Cir         City         Manhattan         FEC ID number of contributing federal political committee.         Name of Employer         Mercy Regional Health Center         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 66503-2475 Ind Chief Executive Officer Year-to-Date ▼ 500.00			/ sacti	25 on ID :	2183268 Receipt th	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial)         Dr. David Kapaska DO         Mailing Address P O Box 5045         City         Sioux Falls         FEC ID number of contributing federal political committee.         Name of Employer         Avera McKennan Hospital and University         Receipt For:         Primary       General         Other (specify) ▼	State SD C Occupation Regional Pl Aggregate				/ sact	26 ion ID		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)		•••••	. [			,		682	2.69

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Onamia     M       FEC ID number of contributing federal political committee.     C       Name of Employer     Occur Mille Lacs Health System       Description     Chie	ate Zip Code N 56359-7901	Date of Receipt
Aberdeen     SI       FEC ID number of contributing federal political committee.     C       Name of Employer Avera St. Luke's Hospital     Occur Presi	ate Zip Code D 57401-4527 Upation ident and Chief Executive Officer regate Year-to-Date ▼ 250.00	Date of Receipt
Rapid City     St       FEC ID number of contributing federal political committee.     C       Name of Employer     Occur       Regional Health     Chie	ate Zip Code D 57702-9275	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00

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

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Use separate schedule(s) for each category of the

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(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial)         Mr. Steve Goetsch         Mailing Address 2320 Sienna Circle         City       State         Tea       SD         FEC ID number of contributing       C         federal political committee.       Occupation         Name of Employer       Occupation         Sanford Health       Director	Zip Code 57064-2334	Date of Receipt 06 26 2014 Transaction ID : 21834696 Amount of Each Receipt this Period 250.00
Receipt For:       Aggregate         Primary       General         Other (specify) ▼	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)         Mr. Eric C Hilmoe         Mailing Address 3909 S Spencer Blvd.         City       State         Sioux Falls       SD         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Sanford Canton-Inwood Medical Center       Chief Execution         Receipt For:       Aggregate         Other (specify) ▼       Image: Content of the specify in the specified of the specified o		Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. David Kapaska DO         Mailing Address P O Box 5045         City       State         Sioux Falls       SD         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Avera McKennan Hospital and University       Regional P         Receipt For:       Aggregate         Other (specify) ▼       Image: Control of the specify for the specifies f		Date of Receipt 06 26 2014 Transaction ID : 21834698 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	750.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial)         Mr. Larry W Veitz         Mailing Address 1440 North Main Street         City         Spearfish         FEC ID number of contributing federal political committee.         Name of Employer         Spearfish Regional Hospital         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 57783-1505 utive Officer Year-to-Date ▼ 500.00	Date of Receipt 06 26 2014 Transaction ID : 21834704 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial)         Mr. Michael Scott         Mailing Address 7335 East Orchard Road         Suite 100         City         Greenwood Village         FEC ID number of contributing         federal political committee.         Name of Employer         Colorado Hospital Association         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 80111-2582 ent, Shared Services Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. James E Shmerling         Mailing Address 13123 East 16th Avenue         City         Aurora         FEC ID number of contributing federal political committee.         Name of Employer         Children's Hospital Colorado         Receipt For:         Primary       General         Other (specify) ▼	1	Zip Code 80045-7106 Ind Chief Executive Officer Year-to-Date ▼ 500.00	Date of Receipt 06 26 2014 Transaction ID : 21834710 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			1250.00

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

# SCHEDULE A (FEC Form 3X)

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IТ.			Use separate schedule(s) for each category of the Detailed Summary Page				(check only one)							
11	EMIZED RECEIPTS						11b 14	11c		12 16	17			
A	ny information copied from such Reports and	I Statements ma	l ay not be sold or used by any p ddress of any political committee	ersor	13 1 for the solicit co	purp	oose of	solicitin	g co	ntributi	ions			
	NAME OF COMMITTEE (In Full)													
	American Hospital Association	n PAC												
Α.	Full Name (Last, First, Middle Initial) Mr. Michael Slubowski				Date c	of Re	ceipt							
	Mailing Address 2420 West 26th Avenue, Se	uite 100-D			06	/	26	) / Y		ү 014	Y			
	City Denver	State CO	Zip Code 80211-5302					<b>218347</b> Receipt t		Period				
	FEC ID number of contributing federal political committee.	С					7			500.	00			
	Name of Employer	Occupation												
	Exempla Healthcare, Inc. Receipt For:		utive Officer	_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
— B.	Full Name (Last, First, Middle Initial) Mr. Robert Quist				Date c	of Re	ceipt							
	Mailing Address 410 Benedicta Avenue				06	/	26	/ Y		)14	Y			
	City	State	Zip Code			sacti		2183471						
	Trinidad	CO	81082-2005		Amour	nt of	Each F	Receipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С					7			250.	00			
	Name of Employer	Occupation	1											
	Mt. San Rafael Hospital	Chief Execu	utive Officer											
		Aggregate	Year-to-Date ▼											
	Other (specify)		250.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Doris Kirchner				Date c	of Re	ceipt							
	Mailing Address 181 W. Meadow Drive				06	/	26	) / Y		)14	Y			
	City Vail	State CO	Zip Code 81657-5242	_				218347 Receipt t		Period				
	FEC ID number of contributing federal political committee.	С					7			500.	00			
	Name of Employer	Occupation	1											
	Vail Valley Medical Center	Chief Exec	utive Officer											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		500.00											
	SUBTOTAL of Receipts This Page (optional).			 ►	<u> </u>					1250.0	00			

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#### SCHEDULE A (FEC Form 3X) 8 /1 1 \*

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FOR LINE NUMBER:

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TTEMIZED RECEIPTS	D RECEIPTS for each category of the Detailed Summary Page					11b 14	11c	12	17									
Any information copied from such Reports and or for commercial purposes, other than using					purpo	ose o	f soliciting	g contribu	itions									
NAME OF COMMITTEE (In Full) American Hospital Associatio	n PAC																	
A. Mr. John R Hicks Mailing Address 1600 Prairie Center Parkwa								Date of Receipt										
City Brighton	State CO	Zip Code 80601-4006	Transaction ID : 21834722           Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	С				. ,	,	7	250	0.00									
Name of Employer Platte Valley Medical Center Receipt For: Primary General Other (specify) ▼		nd Chief Executive Officer Year-to-Date ▼ 250.00	]															
Full Name (Last, First, Middle Initial)         B.       Ms. Monika Wilkins         Mailing Address P O Box 248	Is. Monika Wilkins																	
City Hugo	State CO	Zip Code 80821-0248		2014 6 nis Period														
FEC ID number of contributing federal political committee.	С			250	0.00													
Name of Employer Lincoln Community Hospital and Nursing	Occupation Chief Exect	utive Officer																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00																
Full Name (Last, First, Middle Initial) C. Mr Richard D'Ambrosio				Date o	f Rec	eipt												
Mailing Address 1400 E. Boulder St				м м 06	/	D 26		2014	Y									
City Colorado Springs	State CO	Zip Code 80909-5533	Transaction ID : 21834728 Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	С		250.00															
Name of Employer Memorial Hospital Receipt For: Primary General Other (specify) v		General Counsel Year-to-Date ▼ 250.00	]															
SUBTOTAL of Receipts This Page (optional)			►			,	-	750	.00									

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Gary L Brewer Α. Date of Receipt Mailing Address 1906 Blake Avenue M M / 2014 06 26 City State Zip Code Transaction ID: 21834730 CO **Glenwood Springs** 81601-4227 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Chief Executive Officer Valley View Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas Gessel FACHE Date of Receipt Mailing Address 1850 Bluegrass Avenue М M 06 26 2014 City State Zip Code Transaction ID: 21834731 KY Louisville 40215-1199 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Mercy Regional Medical Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Meghan Allen Date of Receipt Mailing Address 4824 Leland Street M = M / D 2014 06 20 City Zip Code State Transaction ID: 21889379 MD Chevy Chase 20815-6207 Amount of Each Receipt this Period FEC ID number of contributing 255.00 С federal political committee. Name of Employer Occupation Maryland Hospital Association Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 1005.00 SUBTOTAL of Receipts This Page (optional).....

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Douglas R Ekeren Α. Date of Receipt Mailing Address 501 Summit Avenue M M / 09 2014 06 City Zip Code State Transaction ID: 21889403 SD Yankton 57078-3899 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Avera Sacred Heart Hospital Vice President Planning and Developmen Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Rebecca Hultberg Date of Receipt Mailing Address 1049 West Fifth Avenue Suite 100 М 06 26 2014 City State Zip Code Transaction ID: 21890401 AK Anchorage 99501-1965 Amount of Each Receipt this Period FEC ID number of contributing С 0.00 federal political committee. Name of Employer Occupation Alaska State Hospital and Nursing Home Senior Vice President Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primarv General Refund(s) on Schedule B Totaling \$500.00 This 500.00 Other (specify) changes the YTD Total to \$500.00 Full Name (Last, First, Middle Initial) **c.** Mr. Richard Koss Date of Receipt Mailing Address 116 Hearthstone Drive M = M / D D 30 06 2014 City Zip Code State Transaction ID: 5661613 NJ Berlin 08009-9550 Amount of Each Receipt this Period FEC ID number of contributing 325.00 С federal political committee. Name of Employer Occupation Vice President Kennedy Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) 575.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS	MIZED RECEIPTS for each category of the Detailed Summary Page						11c	12 16	17								
	ny information copied from such Reports and for commercial purposes, other than using the																	
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC																
Α.	Mill Name (Last, First, Middle Initial)           Mr. Peter Diestel           Mailing Address 279 Brookside Avenue	ter Diestel							Date of Receipt									
	City Allendale	State NJ	Zip Code 07401-1848		d													
	FEC ID number of contributing federal political committee.	С						Receipt tl		7.50								
	Name of Employer Valley Hospital Receipt For:		President and Chief Operat															
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 227.50	1														
В.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	•			Date o	f Re	eceipt											
	Mailing Address 325 Seventh Street, NW Suite 700 City	State	Zip Code		06		30		2014	Y								
	Washington	DC	20004-2818	4				PR1045 Receipt tl										
	FEC ID number of contributing federal political committee.	С					7	6.94										
	Name of Employer American Hospital Association-Washingt	Occupation Senior Vice	President & General Counse															
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11	P/	P/R Deduction (\$38.47 Bi-Weekly)													
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. David Schulke	1			Date o	of Re	eceipt											
	Mailing Address 155 N. Wacker Dr.				м м 06	/	D 30		y y 2014	Y								
	City Chicago	State IL	Zip Code 60606-1709					: PR1057										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period														
	Name of Employer         American Hospital Association-Chicago         Receipt For:         Primary       General         Other (specify) ▼		ch Programs Year-to-Date ▼ 500.11	P/	/R Dec	ducti	on (\$38	3.47 Bi-W	eekly)									
s	UBTOTAL of Receipts This Page (optional)	<u> </u>							38	1.38								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Dale A Kirby Mailing Address P O Box 331 City	State	Zip Code	Date of Receipt
	Colusa	CA	95932-0331	Transaction ID : PR1125892331167           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	Name of Employer         American Hospital Association-Chicago         Receipt For:         Primary         General         Other (specify) ▼	Occupation Regional E Aggregate		P/R Deduction (\$38.47 Bi-Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay Mailing Address One North Franklin			Date of Receipt
	City Chicago	State IL	Zip Code 60606-3436	Transaction ID : PR1347703631167           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.48
	Name of Employer American Hospital Association-Chicago	Occupation Vice Presid		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12	P/R Deduction (\$19.24 Bi-Weekly)
C.	Full Name (Last, First, Middle Initial) Mr. Mark Colucci			Date of Receipt
	Mailing Address 1061 N Penny Ln			06 30 2014
	City Palatine	State IL	Zip Code 60067-1821	Transaction ID : PR1475133731167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.48
	Name of Employer American Hospital Association-Chicago	Occupation National Di	n rector Sponsorship and Unde	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12	P/R Deduction (\$19.24 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	153.90
т	OTAL This Period (last page this line number of	only)	••••••	

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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TEMIZED RECEIPTS	Detailed Summary Page		11a		11b	11c		12		
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Any information copied from such Reports ar or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)						2.010				- • ·
American Hospital Association	on PAC									
Full Name (Last, First, Middle Initial)					( D -					
A. Mr. Erik Rasmussen Mailing Address 325 Seventh Street, NW				Date of		ceipt			Y	V
Suite 700				м м 06		30			014	Y
City	State	Zip Code		Trans	act	ion ID :	PR1819			7
Washington	DC	20004-2801		Amoun	t of	Each F	Receipt t	his P	eriod	
FEC ID number of contributing federal political committee.	С					7	7		76	94
Name of Employer	Occupation	1								
American Hospital Association-Washingt	Senior Ass	ociate Director								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		500.11	P	/R Ded	ucti	on (\$38	.47 Bi-W	eekly	/)	
		7								
Full Name (Last, First, Middle Initial) B. Ms. Shari Dexter				Date of	f Re	eceipt				
Mailing Address 325 Seventh Street, NW				M M		DI	D / Y	Y	Y	Y
Suite 700				06		30		20	014	
City	State	Zip Code					PR1878			,
Washington	DC	20004-2801		Amoun	t of	Each F	Receipt t	nis P	eriod	
FEC ID number of contributing federal political committee.	С				_	7		_	38.	48
Name of Employer	Occupation	1								
American Hospital Association-Washingt	Director, Po	litical Action								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		250.12	P.	/R Ded	uctio	on (\$19	.24 Bi-W	eekly	/)	
Full Name (Last, First, Middle Initial) C. Ms. Evelyn Knolle				Date of	f Re	eceipt				
Mailing Address 325 Seventh Street, NW				M M	/	D		Y	Y	Y
City	State	Zip Code	_	06 <b>-</b>		30			)14	
Washington	DC	20004-2802					: PR1913 Receipt tl			(
FEC ID number of contributing				anoun		Luoini				
federal political committee.	C				-	7	7	_	38	.48
Name of Employer	Occupation									
American Hospital Association-Washingt Receipt For:		ociate Director, Policy -TR								
Primary General	Aggregate	Year-to-Date ▼			luct:	on (¢10	24 D: 14	lookh		
Other (specify)		250.12		/R Deu	lucu	011 (\$18	).24 Bi-W	еекі	y)	
SUBTOTAL of Receipts This Page (optional	)					5	- 7	-	153.	90

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••			Detailed Summary Page		_	11a		11b	11c	12		٦
Δ٢	y information copied from such Reports and	Statements m	av not be sold or used by any n	erson		13 r the		14	15 soliciting	16	utions	17
or	for commercial purposes, other than using th	e name and a	iddress of any political committe	e to s	olic	cit coi	ntrib	puse of outions fr	om such	n commi	ttee.	<b>.</b>
$\setminus$	NAME OF COMMITTEE (In Full)											
$\backslash$	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Janet Henderson				Da	ate of	f Re	eceipt				
	Mailing Address 155 North Wacker Drive					M M	/	D D	/ Y	Y Y	Y	
	<u></u>	01-1-1	<b>7</b>		L	06		30		2014	_	
	City Chicago	State IL	Zip Code 60606-1709					ion ID : I				
		_		_	Ar	noun	t of	Each Re	eceipt th	is Perio	a	-
	FEC ID number of contributing federal political committee.	С			Ļ			7	7	3	8.48	
	Name of Employer	Occupation	I									
	American Hospital Association-Chicago	Director, M	ember Relations									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		<b>-</b> /-	· • ·		(640)	- 4 · · · · ·			
	Other (specify)		250.12	11	P/R	k Ded	uctio	on (\$19.2	24 Bi-We	ekly)		
			A) A) A)									
в.	Full Name (Last, First, Middle Initial) Ms. Diane Jones				Da	ate of	f Re	eceipt				
	Mailing Address 325 Seventh Street, NW Suite 700				<b></b>	м м 06	/	D D D 30	/ Y	_2014	Y	
	City	State	Zip Code			<b>Frans</b>	acti	ion ID : F	PR19434	615311	67	
	Washington	DC	20004-2801		Ar	nount	t of	Each Re	eceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С						7	7	3	8.48	
	Name of Employer	Occupation	I									
	American Hospital Association-Washingt	Sr Assoc D	r Policy									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		, 250.12	] '	P/R	l Ded	uctio	on (\$19.2	24 Bi-We	ekly)		
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Jeff Goldman	I			Da	ate of	f Re	eceipt				
	Mailing Address 325 Seventh Street, NW Suite 700				Γ	м м 06	/	D D 30	/ Y	2014	Y	
	City	State	Zip Code		2	Trans	sact	ion ID : I	PR1978	3586311	67	
	Washington	DC	20004-2801		Ar	nount	t of	Each Re	eceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С						, .	,	3	8.48	
	Name of Employer	Occupation	I									
	American Hospital Association-Washingt	Vice Presic	lent of Coverage									
	Receipt For:	Aggregate	Year-to-Date ▼		_							
	Primary General Other (specify) ▼		250.12	]	P/F	R Ded	lucti	on (\$19.:	24 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)			•	[			7		11:	5.44	

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

# SCHEDULE A (FEC Form 3X) ľ

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FOR LINE NUMBER:

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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y on	ie)				
116			for each category of the Detailed Summary Page		< 11a		11b	11c		12	
		Ohadaara			13		14	15		16	17
	y information copied from such Reports and for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
	American Hospital Association	PAC									
Α.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman				Date of	f Re	ceipt				
	Mailing Address 325 Seventh Street, NW				M M	/	D D	/ Y	Y	Y	Y
	Suite 700	Ctata	Zin Codo		06	١.,	30		201		
	City Washington	State DC	Zip Code 20004-2818					PR3276 eceipt th			
	FEC ID number of contributing federal political committee.	С			Amouri				IIS FE	76.9	94
	Name of Employer	Occupation									
	American Hospital Association-Washingt		President, Public Policy								
	Receipt For:		Year-to-Date ▼								
	Primary General		500.11	P	P/R Ded	uctio	on (\$38.	47 Bi-W	eekly)	)	
	Other (specify)		500.11								
	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue				Date of	f Re	ceipt				
	Mailing Address 122 N. Greenwood Avenue				M M	/	D D	/ Y	Y		Y
	City	State	Zip Code	_	06 Trans	acti	30	PR3277	201 71631		
	Park Ridge	IL	60068-3227					eceipt th			
	FEC ID number of contributing federal political committee.	С					3			76.9	94
	Name of Employer	Occupation									
	American Hospital Association-Chicago	Associate D	irector								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary     General       Other (specify) ▼		500.11	P	P/R Ded	uctic	on (\$38	47 Bi-We	eekly)		
	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik	1			Date of	f Ro	ceint				
-	Mailing Address One North Franklin				M M			/ Y	Y	Y	Y
					06		30		201	4	
	City	State IL	Zip Code 60606-3436				-	PR3277		-	
	Chicago	12	00000-3430		Amount	t of	Each R	eceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			L	_	,		_	38.4	48
	Name of Employer	Occupation									
	American Hospital Association-Chicago	Director, Lo	ng-Term Care								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.12	1   F	P/R Ded	luctio	on (\$19.	24 Bi-W	eekly)	)	

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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A	w information popied from such Departs and C	Statomanta	l .		13			14	15		16 Intribut	17
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock				Date	of F	Red	ceipt				
	Mailing Address 1022 S. Harvey Avenue				M Of		/	30	/ Y		о 14	Y
	City	State	Zip Code		Tra	nsa	ctio	on ID :	PR3277	778:	31167	
	Oak Park	IL	60304-2132		Amo	unt d	of E	Each R	eceipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С						,			76.	.94
	Name of Employer	Occupation	1									
	American Hospital Association-Chicago											
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.11	]   『	P/R D	educ	ctio	on (\$38	47 Bi-We	eekl	y)	
	Full Name (Last, First, Middle Initial)											
В.	Mr. Neil Jesuele				Date	of F	Red	ceipt				
	Mailing Address 155 N Wacker Dr				M 06		/	30	/ Y		) 014	Y
	City	State	Zip Code				ctic		PR3278			
	Chicago	IL	60606-1709		Amo	unt c	of E	Each R	eceipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С						,	- 7		38.	48
	Name of Employer	Occupation	1									
	American Hospital Association-Washingt	Executive V	/ice President									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify)		250.12	]   F	P/R D	educ	ctio	n (\$19.2	24 Bi-We	eekly	¥)	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson RN	I, MSN			Date	of F	Red	ceipt				
	Mailing Address 325 Seventh Street, NW Suite 700				M 0(		/	30	/ Y		) 014	Y
	City	State	Zip Code				cti		PR3278			
	Washington	DC	20004-2818						eceipt th			
	FEC ID number of contributing federal political committee.	С						7			76	.94
	Name of Employer	Occupation	I									
	American Hospital Association-Washingt	Chief Exec	utive Officer, AONE & Sr. Vi									
	Receipt For:	Aggregate	Year-to-Date ▼		<b>-</b> /= -					-		
	Other (specify)		500.11	]	-/R D	eduo	ctio	on (\$38.	47 Bi-W	eekl	у)	
s	UBTOTAL of Receipts This Page (optional)			•				,			192.:	36

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
<b>A</b> .	Full Name (Last, First, Middle Initial)         Ms. Joan H. Lewis         Mailing Address 6034 North 22nd Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         American Hospital Association-Washingt         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation Regional Ex Aggregate		Date of Receipt         06       30       2014         Transaction ID : PR327831731167         Amount of Each Receipt this Period         38.48         P/R Deduction (\$19.24 Bi-Weekly)
в.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga Mailing Address 2401 Calvert Street, NW Apt. 1008 City	State	Zip Code	Date of Receipt 06 / 30 / 2014 Transaction ID : PR327851931167
	Washington         FEC ID number of contributing federal political committee.         Name of Employer         American Hospital Association-Washingt         Receipt For:	1	20008-2614	Amount of Each Receipt this Period
	Primary General Other (specify) ▼		250.12	P/R Deduction (\$19.24 Bi-Weekly)
C.	Mailing Address 325 Seventh Street, NW Suite 700 City	State	Zip Code	Date of Receipt 06 / 30 / 2014 Transaction ID : PR327858031167
	Washington           FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 76.94
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)		ent, Political Affairs Year-to-Date ▼ 500.11	P/R Deduction (\$38.47 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			153.90

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. John F. Barry Mailing Address One North Franklin			Date of Receipt
	City	State	Zip Code	06302014 Transaction ID : PR327877831167
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.94
	Name of Employer	Occupation		
	American Hospital Association-Chicago	Regional Ex	kecutive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11	P/R Deduction (\$38.47 Bi-Weekly)
в.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom			Date of Receipt
	Mailing Address 130 North Garland Court #3002			06 / D D / Y Y Y Y 06 30 2014
	City	State	Zip Code	Transaction ID : PR327895731167
	Chicago	IL	60602-4750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	Name of Employer	Occupation		
	American Hospital Association-Chicago	Vice Preside	ent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11	P/R Deduction (\$38.47 Bi-Weekly)
— c.	Full Name (Last, First, Middle Initial) Mr. Thomas J. Bonner FACHE			Date of Receipt
	Mailing Address P.O. Box 679010			06 30 2014
	City	State	Zip Code	Transaction ID : PR327983731167
	Austin	TX	78767-9010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation		
	American Hospital Association-Chicago	Regional E	xecutive	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)
s	SUBTOTAL of Receipts This Page (optional)			. 253.88
$\vdash$	· · · · · /		-	, , , , , , , , , , , , , , , , , , , ,

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

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FOR LINE NUMBER:

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134

ITEIMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	and Statements may not be sold or used by any p ing the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Hospital Associa	tion PAC	
Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard J. Umbdenstock		Date of Receipt
Mailing Address 325 Seventh Street, N	N	M = M / D = D / Y = Y = Y = Y
Suite 700		06 30 2014
City	State Zip Code	Transaction ID : PR328132831167
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	—
American Hospital Association-Washing	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		P/R Deduction (\$38.47 Bi-Weekly)
Other (specify)	500.11	
Full Name (Last, First, Middle Initial) B. Ms. Barbara Lorsbach		Date of Receipt
Mailing Address 204 7th Ave		06 30 2014
City	State Zip Code	Transaction ID : PR328136931167
La Grange	IL 60525-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	—
American Hospital Association-Chicago	Sr. Vice President, Member Relations	
Receipt For:	,	—
Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$38.47 Bi-Weekly)
Other (specify)	500.11	
Full Name (Last, First, Middle Initial) C. Ms. Donna J. Melkonian		Date of Receipt
Mailing Address 5545 North Wayne		06 30 2014
City	State Zip Code	Transaction ID : PR328223831167
Chicago	IL 60640-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	—
American Hospital Association-Chicago	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.11	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optio	nal)	230.82

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

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Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way	Stata	Zip Code	06 30 <u>Y Y Y Y Y</u>
	Eagle	State ID	83616-5369	Transaction ID : PR328241431167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Regional Ex		
	Primary General Other (specify) ▼	Aggregate	500.11	P/R Deduction (\$38.47 Bi-Weekly)
B.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 3475 North Venice Street			06 30 2014
	City Arlington	State VA	Zip Code 22207-4446	Transaction ID : PR328260931167           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	Name of Employer American Hospital Association-Washingt	Occupation Executive V	i /ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11	P/R Deduction (\$38.47 Bi-Weekly)
C.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			06 30 2014
	City Yardley	State PA	Zip Code 19067-5736	Transaction ID : PR328511831167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	Name of Employer	Occupation	1	
	American Hospital Association-Chicago Receipt For:	Regional E		_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.11	P/R Deduction (\$38.47 Bi-Weekly)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Ar or	ny information copied from such Reports and s for commercial purposes, other than using th	statements ma e name and a	ay not be sold or used by any p address of any political committee	erson e to s	tor olicit	the co	pur ntrib	pose of outions f	from su	ig cor ch co	ntributi mmitte	ions ee.
$\backslash$	NAME OF COMMITTEE (In Full)											
	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell				Dat	e o	f Re	eceipt				
	Mailing Address 1501 N. Harrison Street					™ 06	/	30			014	Y
	City	State	Zip Code				sact		PR328			
	Arlington	VA	22205-2726		Am	oun	t of	Each F	Receipt	this P	'eriod	
	FEC ID number of contributing federal political committee.	С						7		_	76.	94
	Name of Employer	Occupation	1									
	American Hospital Association-Washingt	Senior Vice	President, Communications									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3		111	P/R I	Ded	lucti	on (\$38	.47 Bi-W	/eekly	y)	
	Other (specify)		500.11									
в.	Full Name (Last, First, Middle Initial) Mr. George Arges				Dat	e o	f Re	eceipt				
	Mailing Address One North Franklin St.					™ 06	1	30			)14	Y
	City	State	Zip Code		Tr	ans	act	ion ID :	PR3286	<u>54113</u>	31167	
	Chicago	IL	60606-4425	_	Am	oun	t of	Each F	Receipt	this P	'eriod	
	FEC ID number of contributing federal political committee.	С						7			38.4	48
	Name of Employer	Occupation	l									
	American Hospital Association-Chicago	Senior Dire	ctor, Health Data Managemen									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary   General     Other (specify)   V		250.12	]   '	P/R [	Ded	uctio	on (\$19.	.24 Bi-W	/eekly	/)	
— с.	Full Name (Last, First, Middle Initial) Mr. Anthony S Burke	I			Dat	e o	f Re	eceipt				
	Mailing Address 155 N Wacker Dr					™ 06	/	30			014	Y
	City	State	Zip Code				sact		PR328			
	Chicago	IL	60606-1709						Receipt			
	FEC ID number of contributing federal political committee.	C						7			76.	94
	Name of Employer	Occupation	1	$\neg$								
	American Hospital Association-Chicago	CEO										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11	P/R	Dec	lucti	ion (\$38	.47 Bi-V	√eekly	y)	
	Other (specify)		500.11	4								
s	UBTOTAL of Receipts This Page (optional)			•				7	1.4		192.3	36

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

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•••			Detailed Summary Page		< 11a		1	11b	11c		12	
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	y information copied from such Reports and for commercial purposes, other than using the											
$\setminus$	NAME OF COMMITTEE (In Full)											
	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey				Date	of F	Rec	eipt				
	Mailing Address One North Franklin Street				06		/	D D D	/ Y		) 014	Y
	City	State	Zip Code		Tra	nsad	ctio	n ID :	PR3290	1343	31167	
	Chicago	IL	60606-4425		Amou	int c	of E	ach R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	C					7		,	_	38	48
	Name of Employer	Occupation	1	_								
	American Hospital Association-Chicago	SPSA Direc	ctor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			I F	P/R De	educ	ctior	n (\$19.	24 Bi-W	eekly	/)	
	Other (specify)	L	250.12	4								
в.	Full Name (Last, First, Middle Initial) Dr. John R. Combes	·			Date	of F	Rec	eipt				
	Mailing Address One North Franklin				06		/	D D 30	/ Y		y 14	Y
	City	State	Zip Code		Trai	nsac	ctio	n ID :	PR3290	7133	<u>81167</u>	
	Chicago	IL	60606-3436		Amou	int c	of E	ach R	eceipt th	nis P	Period	
	FEC ID number of contributing federal political committee.	С					7			_	76.	94
	Name of Employer	Occupation	l									
	American Hospital Association-Chicago	President &	Chief Operating Officer, C									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			P	P/R De	educ	ction	n (\$38.4	47 Bi-We	eekly	/)	
	Other (specify)		500.11	4								
c.	Full Name (Last, First, Middle Initial) Ms. Robyn L. Bash				Date	of F	Rec	eipt				
	Mailing Address 325 Seventh Street, NW Suite 700				06		/	D D 30	/ Y		ү )14	Y
	City	State	Zip Code		Tra	nsa	ctio	on ID :	PR3290	8443	31167	
	Washington	DC	20004-2818		Αποι	int c	of E	ach R	eceipt th	nis P	Period	
	FEC ID number of contributing federal political committee.	С					7			_	97	.28
	Name of Employer	Occupation	I	_								
	American Hospital Association-Washingt	Executive [	Director, Federal Relations									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0		T F	P/R D	educ	ctior	n (\$48.	64 Bi-W	eekl	y)	
	Other (specify)		367.72									
s	UBTOTAL of Receipts This Page (optional)	I	<b>)</b>	<u> </u>			7				212.	70

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

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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٦ \	VAME OF COMMITTEE (In Full)			, 10 30				5 11	Sin Sub			
	American Hospital Association											
	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese				<b>.</b>							
	Mailing Address 500 Interstate Boulevard So	uth			Date o							
r	vialing Address 500 Interstate Boulevard So	outh			м м 06	/		D 30	/ Y		014	Y
Ō	City	State	Zip Code			act			PR3292			
-	Nashville	TN	37210-4634	A	Amoun	t of	Each	R	eceipt th	nis F	Period	
	EC ID number of contributing	С									76	94
f	ederal political committee.	U			_	-	7	-	7		70.	.54
1	Name of Employer	Occupation										
ł	American Hospital Association-Chicago	AHA Regio	nal Executive									
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.44	P/	/R Ded	ucti	on (\$3	38.4	47 Bi-W	eekl	y)	
	Other (specify)		500.11									
r	Full Name (Last, First, Middle Initial)											
	Ms. Patricia Meersman			[	Date o	f Re	eceipt					
ľ	Mailing Address One North Franklin				M M	/	D	D	/ Y	Y	Y	Y
_					06	1	3	30	1 L	20	014	
	City	State	Zip Code						PR3303			
-	Chicago	IL	60606-3436		Amoun	t of	Each	R	eceipt th	nis F	'eriod	
	FEC ID number of contributing rederal political committee.	С									38.	48
							7		- 7			
	Name of Employer American Hospital Association-Chicago	Occupation										
	Receipt For:	1	ctor Member Relations	_								
г	Primary General	Aggregate	Year-to-Date ▼				<u>مە</u> (۴4	10 1		- Ald	A	
	Other (specify)		250.12	P/	K Ded	uctio	un (\$1	19.2	24 Bi-We	eriy	()	
	Full Name (Last, First, Middle Initial)											
-	Mr. Thomas Misfeldt				Date o							
r	Mailing Address One North Franklin				м м 06	1		D 30	/ Y		)14	Y
Ċ	City	State	Zip Code			act			PR3304			
-	Chicago	IL	60606-3436	A					eceipt th			
F	EC ID number of contributing	С				1					76	.94
f	ederal political committee.	U			_	-	7	-	7		70	.94
1	Name of Employer	Occupation		_								
,	American Hospital Association-Chicago	Associate F	Regional Executive									
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.11	P.	/R Dec	lucti	on (\$	38.	47 Bi-W	eekl	y)	
	Other (specify)		500.11									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page		<b>X</b> 11a		11b	Ĺ	11c		12	
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Ar or	ny information copied from such Reports and for commercial purposes, other than using t	l Statements mather the name and a	ay not be sold or used by any p address of any political committe	erson e to s	for the olicit co	e pu ontri	rpose butior	) of s ns fr	soliciting	) COI 1 CO	ntribut mmitt	lions ee.
	NAME OF COMMITTEE (In Full)											
	American Hospital Association	ו PAC										
Α.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca				Date of	of R	eceip	ot				
	Mailing Address 4960 138th Circle West				M			D	/ Y	Y	Y	Y
					06			30	L	20	014	
	City	State	Zip Code		Tran	sac	tion I	D : F	PR33047	7543	31167	
	Apple Valley	MN	55124-9229		Amour	nt o	f Eac	h Re	eceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	_	7	_	76.	.94
	Name of Employer	Occupation	1									
	American Hospital Association-Chicago	Regional E	xecutive									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General		500.11	111	P/R De	duct	tion (\$	\$38.4	47 Bi-We	ekly	y)	
	Other (specify)		500.11									
в.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell				Date of	of R	eceip	ot				
	Mailing Address One North Franklin				M 06	Л		30	/ Y			Y
	City	State	Zip Code		Tran	sac	tion I	D : F	PR33054	<del>1773</del>	31167	
	Chicago	IL	60606-3436		Amour	nt of	f Eac	h Re	eceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	_	7	_	38.	48
	Name of Employer	Occupation	]									
	American Hospital Association-Chicago	Vice Presid	ent, Strategic Planning									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 250.12	]   '	P/R Deo	duct	ion (\$	19.2	24 Bi-We	ekly	1)	
— c.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe				Date of	of R	eceip	ot.				
	Mailing Address 172 Atteridge				M 1	Λ	/ D	30	/ Y			Y
	City	State	Zip Code		Tran	sac	tion l	ID : F	PR33054	492:	31167	
	Lake Forest	IL	60045-1715		Amour	nt of	f Eac	h Re	eceipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С					7	_	7	_	76	.94
	Name of Employer	Occupation	1									
	American Hospital Association-Chicago	Vice Presic	lent, Constituency Section									
	Receipt For:	Aggregate	Year-to-Date ▼								Period 76.94 ////////////////////////////////////	
	Primary General		E00.44		P/R De	duc	tion (\$	\$38.4	47 Bi-We	ekl	y)	
	Other (specify)		500.11									
s	UBTOTAL of Receipts This Page (optional).			•			7		7		192.	36

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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134

ITEMIZED RECEIPTS		h category of the d Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association P	AC		
Full Name (Last, First, Middle Initial) A. Mr. Anthony Spohn			Date of Receipt
Mailing Address 3219 N. Oriole	State Zip C	ado.	06 30 2014
Chicago		4-3232	Transaction ID : PR331098331167           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.48
Name of Employer	Occupation		
American Hospital Association-Chicago	Executive Director, As	ssociate Membersh	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 250.12	P/R Deduction (\$19.24 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Ms. Debi H. Tucker Esq.			Date of Receipt
Mailing Address 1101 N. Kentucky Street			06 30 <u>2014</u>
City	State Zip C VA 2220		Transaction ID : PR331278831167
Arlington	VA 2220	5-3515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.48
Name of Employer	Occupation		_
American Hospital Association-Washingt	Director, State Issues	Forum	_
Receipt For:	Aggregate Year-to-Da	ate <b>V</b>	
Other (specify) ▼		250.12	P/R Deduction (\$19.24 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Ms. Darlene S. Vanderbush			Date of Receipt
Mailing Address 26 West Glendale Ave.			M M / D D / Y Y Y Y Y 06 30 2014
City	State Zip C VA 2230	ode 1-2402	Transaction ID : PR331304231167
Alexandria	VA 2230	1-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.94
Name of Employer	Occupation		_
American Hospital Association-Washingt	Vice President, Opera	ations - APP	_
Receipt For:	Aggregate Year-to-Da	ate 🔻	D/D Deduction (\$29.47 Di Maakku)
Other (specify) ▼		500.11	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		•••••	153.90

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

10

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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134

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC		
Full Name (Last, First, Middle Initial)         Ms. Megan Cundari         Mailing Address 325 Seventh Street, NW         Suite 700         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer         American Hospital Association-Washingt         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 20004-2818 Deciate Director Year-to-Date ▼ 500.11	Date of Receipt         06       30         2014         Transaction ID : PR518031931167         Amount of Each Receipt this Period         76.94         P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)         B.       Ms. Laura M. Werner         Mailing Address 325 Seventh Street, NW         Suite 700         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer         American Hospital Association-Washingt         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 20004-2818 irector, Political Affairs Year-to-Date ▼ 250.12	Date of Receipt Date of Receipt Dot / YYYYY Dof 2014 Transaction ID : PR560101531167 Amount of Each Receipt this Period 38.48 P/R Deduction (\$19.24 Bi-Weekly)
Full Name (Last, First, Middle Initial)         Mr. Carlos Jackson         Mailing Address 325 Seventh Street, NW         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer         American Hospital Association-Washingt         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 20004-2802 Director, Federal Relations Year-to-Date ▼ 250.12	Date of Receipt         06       30       2014         Transaction ID : PR566280931167         Amount of Each Receipt this Period         38.48         P/R Deduction (\$19.24 Bi-Weekly)

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

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3

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 105 OF

134

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial)         Ms. Ashley B. Thompson         Mailing Address 606 S. Royal St.         City         Alexandria         FEC ID number of contributing federal political committee.         Name of Employer         American Hospital Association-Washingt         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation Director, Po Aggregate		Date of Receipt 06 30 2014 Transaction ID : PR766023731167 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)         Ms. Lisa Kidder Hrobsky         Mailing Address 325 Seventh Street, NW         Suite 700         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer         American Hospital Association-Washingt         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 20004-2818 ent, Legislative Affairs Year-to-Date ▼ 250.12	Date of Receipt
Full Name (Last, First, Middle Initial)         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼		Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		····· •	115.42

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

100007.89

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 106 OF

	-		Detailed Summary Page		11a 13		11b 14	11c	X 1	2 6	17
	y information copied from such Reports and State for commercial purposes, other than using the nar							solicitin			
	NAME OF COMMITTEE (In Full) American Hospital Association PA	C									
Α.	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA	(F)			Date o	f Re	ceipt				
	Mailing Address Post Office Box 8600				м м 06	1	04		201	Y Y 4	
	,	State PA	Zip Code 17105-8600					218061			
	Harrisburg		17105-8000	_	Amoun	t of	Each R	leceipt t	his Pei	riod	_
	FEC ID number of contributing federal political committee.	C coo	0128082		L		,		20	000.00	
	Name of Employer O	occupation									
		ggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		50000.00								
	Full Name (Last, First, Middle Initial) California Healthcare Association PAC	- Feder	al		Date o	f Re	ceipt				
	Mailing Address 1215 K Street Suite 800				м м 06	/	10		2014		
	5	State	Zip Code		Trans	acti	on ID :	218137	08		
		CA	95814	_	Amoun	t of	Each R	leceipt t	his Pei	riod	
	FEC ID number of contributing federal political committee.	<b>C</b> coo	237495				,	,	50	000.00	
	Name of Employer O	occupation									
	Receipt For: A	ggregate	Year-to-Date ▼								
	Other (specify) ▼		200000.00								
<u></u>	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt				
	Mailing Address				M M		D		Y Y	Y Y	1
	City	State	Zip Code		Amoun	t of	Fach B	leceipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	,			
	Name of Employer O	occupation									
	Receipt For:	ggregate	Year-to-Date ▼	$\neg$							
	Primary General Other (specify) ▼		<u>у г у у г ж т</u>								
Γ					<b>_</b>	-			70/	00.00	_
s	UBTOTAL of Receipts This Page (optional)		••••••	-	<u></u>	_	7	- 7	700	550.00	
т	OTAL This Period (last page this line number only	/)	••••••	•	L	-	,		700	00.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 107 OF 134           (check only one)         11a           11a         11b         11c           13         14         15         16
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC		
<b>A</b> .	Full Name (Last, First, Middle Initial) TD Bank			Date of Receipt
	Mailing Address 901 Seventh Street, NW			06 30 2014
	City Washington	State DC	Zip Code 20001	Transaction ID : 21856704           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		222.98
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1519.30	Interest Earned
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
υ.	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
0.	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)		9		7	222.98
TOTAL This Period (last page this line number only)		7		7	222.98

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		arate schedule(s)				IE NUMBER: PAGE 108 OF 134 nly one)										
			category of the Summary Page			21b 27	22 28a		23 28b	F	24 28c	2					
	y information copied from such Reports and States for commercial purposes, other than using the nar																
$\left[ \right]$	NAME OF COMMITTEE (In Full)																
	American Hospital Association PA	С															
<u>ــــــــــــــــــــــــــــــــــــ</u>	Name (Last, First, Middle Initial) Date of Disburser																
А.	American Express						Date of		sburse			Y	V				
	Mailing Address Ste. 001						06			05		2014					
	,	State	Zip Code				Tran	sact	ion ID	)::	218567	01					
	Chicago Purpose of Disbursement	IL	60679														
	Merchant Fees			0	01		Amoui	nt of	Each	Di	isburseı	ment th	is Period				
	Candidate Name			Cate T	egoi ype		16.25										
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼				Merchant Fees										
	State: District:																
В.	Full Name (Last, First, Middle Initial) Paymentech						Date of	of Di	sburse	em	ent						
	Mailing Address 14221 Dallas Parkway Building Two						06 04 2014										
	Dallas	State TX	Zip Code 75254				Tran	sact	tion ID	<b>)</b> :	218567	02					
	Purpose of Disbursement Merchant Fees				001		Amount of Each Disbursement this Period										
	Candidate Name			ry/	28.50												
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼		ype		Merch	ant F	ees		, , ,						
_	Full Name (Last, First, Middle Initial)																
C.							Date of	_		em	ent	Y	Y Y				
	Mailing Address 744 N 4th Street						06			02		2014					
	City Milwaukee	State WI	Zip Code 53203				Tran	sact	tion ID	<b>)</b> :	218567	03					
	Purpose of Disbursement Merchant Fees																
	Candidate Name			Cate			Amount of Each Disbursement this Period 175.07										
	Office Sought: House Disburser	ment For:	nent For:						7		- 7						
	Senate President	Primary Other (spe	General cify) ▼			Merchant Fees											
	State: District:		•														
s	UBTOTAL of Disbursements This Page (optional)					•			,			2	219.82				
Т	OTAL This Period (last page this line number only	)				•	Γ.		,			2	219.82				
	CHEDULE B (FEC Form 3X)		parate schedule(s)	-	INE NUMBER: PAGE 109 OF 134												
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IT	EMIZED DISBURSEMENTS	for each	a category of the Summary Page		only one) 21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b												
	y information copied from such Reports and State for commercial purposes, other than using the nar																
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)																
	American Hospital Association PA	С															
Α.	Full Name (Last, First, Middle Initial) Friends Of Farr				Date of Disbursement												
	Mailing Address PO Box 122				06 02 2014												
	5	State	Zip Code		Transaction ID : 21802818												
	Monterey Purpose of Disbursement	CA	93942														
	Contribution			011	Amount of Each Disbursement this Period												
	Candidate Name			Category	/ 1000.00												
	Rep. Sam Farr			Туре													
	Office Sought: House Disburse Senate President State: CA District: 20	ment For: Primary Other (sp	General		Contribution												
_	Full Name (Last, First, Middle Initial)																
В.	Citizens For Cochran				Date of Disbursement												
	Mailing Address PO Box 7183				06 / D D / Y Y Y Y 06 02 2014												
	Tupelo	State MS	Zip Code 38802		Transaction ID : 21802819												
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period												
	Candidate Name			Category	/ 500.00												
	Sen. Thad Cochran			Туре													
		ment For: Primary Other (sp	General		Contribution												
с.	Full Name (Last, First, Middle Initial)				Date of Disbursement												
	Mailing Address PO Box 7183				06 / D D / Y Y Y Y 06 02 2014												
	City Tupelo	State MS	Zip Code 38802		Transaction ID : 21802821												
	Purpose of Disbursement Contribution	_		011													
	Candidate Name			la de la companya de	Amount of Each Disbursement this Period												
	Sen. Thad Cochran			Category Type	1500.00												
	Senate President	ment For: Primary Other (sp	X General		Contribution												
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$\left  \right $	NAME OF COMMITTEE (In Full)														
	American Hospital Association PA	С													
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Friends Of Jim Clyburn							Date o	f Dis	sburse	em	nent			
	Mailing Address Post Office Box 12567							м м 06	/	D	)2	/		014	Y
	City	State	Zip Code					_							
	Columbia	SC	29211					Trans	sacti	ion ID	):	218028	23		
	Purpose of Disbursement Contribution			0	)11			Amoun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate	ego	ry/			1					250	0.00
	Rep. James E. Clyburn				ype					7	-			250	0.00
		nent For: Primary Other (spe	General					Contrib	utior	ı					
_	Full Name (Last, First, Middle Initial)														
В.	Nunnelee For Congress							Date o	f Dis	sburse	em	nent			
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	Mailing Address 438 East Main St PO Box 7092							06		(	)5		2	014	
	Tupelo	State MS	Zip Code 38802					Trans	sact	ion ID	):	218059	13		
	Purpose of Disbursement Void of 04/14 Check							A		<b>F</b> aab				4 4la : a	Devied
	Candidate Name			1.00	)11	_		Amoun		Each		isburse	men	t triis	Period
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		Primary	General					Void of	04/1	4 Ch	ec	k			
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	Full Name (Last, First, Middle Initial)														
C.	Alexander For Senate 2014 Inc							Date o	f Dis	sburse	əm	nent			
		_					_	M M	/	D		/		Y	Y
	Mailing Address 228 S Washington Street Suite 115	0						06		0	)4		2	014	
	City	State	Zip Code												
	Alexandria	VA	22314					Trans	sact	ion ID	):	218130	85		
	Purpose of Disbursement														
	Contribution			0	)11			Amoun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate										100	0.00
	Sen. Lamar Alexander Office Sought: House Disburser	ment For:	2014	L)	ype		-		-	7	-		-		
	Senate President	Primary Other (spe	X General					Contrib	utior	ı					
	State: TN District:	Strier (spe	, sony) ▼												
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	CHEDULE B (FEC Form 3X)		parate schedule(s)					/BER:				PAC	GE 1	111 (	DF 134
	EMIZED DISBURSEMENTS	for each	a category of the I Summary Page	(C	nec	k only 21b 27	one	e)   22   28a	×	23 28b		4 8c		25 29	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar														
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)														
$\langle \rangle$	American Hospital Association PA	С													
Α.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte						C	Date of	f Dis	burse	ment				
	Mailing Address PO Box 937						[	м м 06	/	D 0		Y	ү 20	ү 14	Y
	City	State	Zip Code				_	Trans	acti		. 21 84	209	7		
	Manchester	NH	03105					Trans	acti		. 210	300	<i>.</i>		
	Purpose of Disbursement 2016 Contribution			0	11		A	mount	tof	Each	Disbu	rsen	nent	this I	Period
	Candidate Name Sen. Kelly Ayotte			Cate		ry/	1							1000	.00
		ment For:	2016	13	ype					,		7			
	Senate President	Primary Other (spe	General				20	2016 Contribution							
_	State: NH District:														
В.	Full Name (Last, First, Middle Initial) Team Graham						C	Date of	Dis	burse	ment				
	Mailing Address PO Box 1801							06	/	0		Y		ү 14	Ŷ
	Columbia	State SC	Zip Code 29202					Trans	acti	on ID	: 218 <sup>,</sup>	1308	88		
	Purpose of Disbursement Contribution			C	)11		A	mount	tof	Each	Disbu	rsen	nent	this I	Period
	Candidate Name			Cate		ry/	- Г							1500	0.00
	Sen. Lindsey O. Graham Office Sought: House Disburse	ment For:	2014	Ŋ	/pe		1			,	-	7	-		
	State: SC District:	Primary Other (spe	General				С	Contribu	ution	I					
с.	Full Name (Last, First, Middle Initial) Pat Roberts For U.S. Senate Inc						C	Date of	f Dis	burse	ment				
	Mailing Address PO Box 433							м м 06	/	D 04		Y	y 20	ү 14	Y
	City	State	Zip Code					_		_			_		
	Great Bend Purpose of Disbursement	KS	67530					Trans	acti	on ID	: 218	308	9		
	Contribution			0	11		A	mount	tof	Each	Disbu	rsen	nent	this I	Period
	Candidate Name			Cate	egor	ry/	10							1000	00
	Sen. Pat Roberts			Ty	/pe		1			7		7		1000	.00
	Office Sought: House Disburse X Senate President	ment For: Primary Other (spe	K General				С	ontribu	ution						
_	State: KS District:														
s	UBTOTAL of Disbursements This Page (optional)						ļ		_	7	_	7	_	3500	.00
т	OTAL This Period (last page this line number only	')								7		7			

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IT	EMIZED DISBURSEMENTS		erate schedule(s) category of the	(c	hec	k only	y on							1.0	
			Summary Page			21b 27		22 28a	×	23 28b	Щ	24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					/ pers		for the		oose (		licitir		ntribu	itions
$\square$	NAME OF COMMITTEE (In Full)														
	American Hospital Association PA	С													
	Full Name (Last, First, Middle Initial)							_							
Α.	Tim Scott For Senate							Date o	f Dis	sburse	emen	t			
	Mailing Address 1405 Ashley River Road							06	/	0	4			014	Y
	City	State	Zip Code					Trans	acti	on ID	. 21	0120	00		
	Charleston	SC	29407					Trans	acu		. 21	0130	90		
	Purpose of Disbursement Contribution			C	)11			Amoun	t of	Each	Disb	urse	ment	t this	Period
	Candidate Name			Cate										100	0.00
	Sen. Tim Scott Office Sought: House Disburser			T	уре				-	7	_	7	-	100	
	Senate President	ment For: Primary Other (spe	K General				0	Contrib	utior	1					
_	State: SC District:														
R	Full Name (Last, First, Middle Initial)							Date o	f Dia	burec	mon	+			
υ.	Friends Of Sessions Senate Com	nittee ir	IC										/	V	
	Mailing Address P O Box 4278							06	/	D	)4			014	Y
	City S Montgomery	State AL	Zip Code 36103					Trans	sacti	ion ID	) : 21	8130	91		
	Purpose of Disbursement Contribution			(	)11			Amoun	t of	Each	Disb	urse	ment	t this	Period
	Candidate Name			Cate	egoi	ry/								100	0.00
	Sen. Jeff Sessions				ype					7	-	- 7		100	0.00
	Office Sought:     House     Disburser       X     Senate     President       State:     AL     District:	ment For: Primary Other (spe	X General				(	Contrib	utior	ו					
c.	Full Name (Last, First, Middle Initial) Friends Of John Delaney							Date o	f Dis	sburse	emen	t			
	Mailing Address PO Box 70835							<sup>M</sup> M	/	0	D 4			014	Y
	City Sethesda	State MD	Zip Code 20813					Trans	sacti	ion ID	) : 21	8130	92		
	Purpose of Disbursement			-		-	1								
	Contribution			C	)11			Amoun	t of	Each	Disb	urse	ment	t this	Period
	Candidate Name			Cate										100	0.00
	Rep. John Delaney           Office Sought:         V         House         Disburser	ment For:	0011	- I	ype				-	7	-	- 7			
	State: MD District: 06	Primary Other (spe	General				0	Contrib	utior	1					
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	CHEDULE B (FEC Form 3X)	Use ser	arate schedule(s)					R:			PA	GE	113	OF 134
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C		k only 21b 27	one) 22 28	a	23 28b	)	24 28c		25 29	26 30b
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	NAME OF COMMITTEE (In Full)													
	American Hospital Association PA	С												
Α.	Full Name (Last, First, Middle Initial) Olson For Congress Committee								isburs					
	Mailing Address PO Box 16381						0			04			014	Y
	Sugar Land	State TX	Zip Code 77496				Tra	nsac	tion I	D	: 218131	58		
	Purpose of Disbursement Contribution			C	)11		Amo	unt o	f Eacl	h I	Disburse	men	t this	Period
	Candidate Name Rep. Pete Olson			Cate T	ego ype				,	l	7		100	0.00
	Office Sought: House Disburse Senate President State: TX District: 22	ment For: Primary Other (spe	X General				Cont	ibutic	'n					
в.	Full Name (Last, First, Middle Initial)						Date		isburs	ser	_	V V	Ý	Y
	Mailing Address 915 First Colonial Road Suite 100							6		04			014	
	City Virginia Beach	State VA	Zip Code 23454				Tra	insac	tion I	D	: 218131	59		
	Purpose of Disbursement Contribution			(	)11		Amo	unt o	f Eacl	h I	Disburse	men	t this	Period
	Candidate Name Rep. Scott E. Rigell			Cate T	ego ype		L		7				100	0.00
	Office Sought: House Disburse Senate President State: VA District: 02	ment For: Primary Other (spe	X General				Cont	ributio	on					
C.	Full Name (Last, First, Middle Initial)						Date	of D	isburs	ser	ment			
	Mailing Address P. O. Box 7292						™ 0			04			014	Y
	City Chicago	State IL	Zip Code 60680				Tra	nsac	tion I	D	: 218131	60		
	Purpose of Disbursement Contribution			C	)11		Amo	unt o	f Eacl	h I	Disburse	men	t this	Period
	Candidate Name Rep. Bobby Lee Rush		Cat T	ego ype				7	l			150	0.00	
	Office Sought: House Disburse Senate President State: IL District: 01	ment For: Primary Other (spe	X General				Conti	ibutic	'n					
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	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(cl		c only o 21b 27	one) 22 28a	×	23 28b	24 28c	25 29	26 30b
or	y information copied from such Reports and State for commercial purposes, other than using the nar								28b       28c       29         pose of soliciting contributions from such committee.         sbursement         04       2014         ion ID : 21813226         Each Disbursement this Peri         1000.00         n         sbursement         04         04         2014         ion ID : 21813226         Each Disbursement this Peri         04         04         2014         ion ID : 21813227         Each Disbursement this Peri         5000.00         ribution         sbursement         04       2014         tion ID : 21813227         Each Disbursement this Peri         5000.00         ribution         sbursement         04       2014         tion ID : 21813228         Each Disbursement this Peri         500.00			
	NAME OF COMMITTEE (In Full)											
	American Hospital Association PA	С										
	Full Name (Last, First, Middle Initial)						Date o	f Die	burso	mont		
	Votetipton.com						M M				Y Y	Y
	Mailing Address PO Box 1582						06		04	4	2014	
	City Cortez	State CO	Zip Code 81321				Trans	acti	on ID	: 218132	26	
	Purpose of Disbursement	00	01321	_	-							
	Contribution			0	11		Amoun	t of	Each	Disburse	ment this	Period
	Candidate Name Rep. Scott R. Tipton			Cate	egory /pe	y/					100	00.00
	i	ment For: 2	2014	( i	ypc				7			
	Senate X	Primary	General				Contrib	ution				
	State: CO District: 03	Other (spe	city) 🔻									
	Full Name (Last, First, Middle Initial)											
В.	Promoting our Republican Team F	PAC					Date of	f Dis	burse			
	Mailing Address 8331 Little Harbor Drive						06	/				Y
	Cincinnati	State OH	Zip Code 45244				Trans	sacti	on ID	: 218132	27	
	Purpose of Disbursement 2014 Contribution			0	)11		Amoun	t of	Each	Disburse	ment this	Period
	Candidate Name			Cate		y/					50	00.00
	Promoting our Republican Team F Office Sought: House Disburse	Ment For:		Ту	/pe				7		00	
	Senate	Primary	General				2014 C	ontril	bution			
	State: District:	Other (spec	cify) 🔻									
_	Full Name (Last, First, Middle Initial)						_					
C.	Mike Thompson For Congress							_				V
	Mailing Address 5429 Madison Avenue						06	/				Y Y
	5	State	Zip Code				Trans	sacti	on ID	: 218132	28	
	Sacramento Purpose of Disbursement	CA	95841	_	_							
	Contribution			0	11		Amoun	t of	Each	Disburse	ment this	Period
	Candidate Name Rep. Mike Thompson			Cate	egory /pe	y/	<b></b>				50	00.00
	·	ment For: 2	2014		he			_	7			<u> </u>
	Senate	Primary	K General				Contrib	ution				
	State: CA District: 05	Other (spe	cify) 🔻									
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SCHEDULE B (FEC Form 3X)		FOR LINE	-
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	v one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Hospital Association F	PAC		
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Friends Of Corrine Brown			
Mailing Address PO Box 40087			06 04 2014
City	State Zip Code		Transaction ID : 21813229
Jacksonville	FL 32203		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Corrine Brown		Туре	4000.00
Office Sought: House Disbu Senate President State: FL District: 05	rsement For: 2014 X Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
B. Crenshaw For Congress Campa	aign		Date of Disbursement
Mailing Address 7235 Bonneval Road Suite 210			06 04 2014
City Jacksonville	State Zip Code FL 32256		Transaction ID : 21813230
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Ander Crenshaw	rsement For: 2014	Туре	
State: FL District: 04	Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
C. Mario Diaz-Balart For Congress			Date of Disbursement
Mailing Address 8770 Sw 72nd Street # 420			06 / 04 / Y Y Y Y 2014
City Miami	State Zip Code FL 33173		Transaction ID : 21813231
Purpose of Disbursement Contribution		044	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Mario Diaz-Balart		Category/ Type	4000.00
Office Sought: House Disbu Senate President	rsement For: 2014 X Primary General Other (specify) ▼	711-	Contribution
State: FL District: 25			
SUBTOTAL of Disbursements This Page (option	al)	····· ►	10000.00
TOTAL This Period (last page this line number of	only)	••••••	

	CHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)					:			PA	GE ´	116 (	DF 134
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)													
	American Hospital Association PA	С												
Α.	Full Name (Last, First, Middle Initial) Committee To Elect Alan Grayson						Date o	f Dis	sburse	emer	nt			
	Mailing Address PO Box 533616						м м 06	/	D 0	D )4	/ Y		)14	Y
	City Solution Statement St	State FL	Zip Code 32853				Trans	acti	ion ID	): 21	8132	33		
	Purpose of Disbursement Contribution			C	)11		Amoun	t of	Each	Disl	ourser	nent	this	Period
	Candidate Name		Cate			<b></b>						2000	0.00	
	Rep. Alan Mark Grayson         Office Sought:       House       Disburser         Senate       President       Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2">Colspan="2"Colspan=	2014 General ccify) ▼	<u>I</u>	ype	·	Contrib	utior	1		7				
в.	Full Name (Last, First, Middle Initial) Hastings For Congress						Date o	f Dis		emer	nt	Y	Ŷ	Y
	Mailing Address P.O. Box 100277						06			)4	L		014	
	Ft. Lauderdale	State FL	Zip Code 33310				Trans	sact	ion ID	<b>) : 2</b> 1	8132	34		
	Purpose of Disbursement Contribution				011		Amoun	t of	Each	Disl	ourser	nent	this	Period
	Rep. Alcee L. Hastings			Cate T	ego ype		L.		7	_	7		2500	0.00
		nent For: Primary Other (spe	General				Contrib	utior	า					
C.	Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress						Date o	f Dis	sburse	emer	nt			
	Mailing Address PO Box 522784						м м 06	/		)4	/ Y		)14	Y
	City Miami	Zip Code 33152				Trans	sact	ion ID	<b>):2</b> 1	8132	36			
	Purpose of Disbursement Contribution			C	)11		Amoun	t of	Each	Disl	ourser	nent	this	Period
	Candidate Name Rep. Ileana Ros-Lehtinen		Cate	ego ype								2000	_	
	Office Sought: House Disburser Senate President	Senate Primary Ge					Contrib	utior	1		7			
s	UBTOTAL of Disbursements This Page (optional)					• •	[.		7		7		6500	.00
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\backslash$	NAME OF COMMITTEE (In Full)	_													
	American Hospital Association PA	C													
Α.	Full Name (Last, First, Middle Initial) Frederica S. Wilson For Congress						Date	e of	Dis	sburse	em	nent			
	Mailing Address 19821 Nw 2nd Avenue Box 354							м 6	/	D	D4	/		014	Y
		State FL	Zip Code 33169				Tra	ansa	acti	on ID	):	218132	239		
	Purpose of Disbursement Contribution			0	11		Amo	ount	of	Each	D	isburse	emen	t this	Period
	Candidate Name Rep. Frederica S. Wilson			Cate Ty	egor ype					,				200	0.00
		ment For: Primary Other (spe	General		-		Cont	ribut	tion						
в.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '14							e of	Dis /	burse			Y Y	Ý	Y
	Mailing Address PO Box 1496						(	06		(	04		2	2014	
	Louisville	State KY	Zip Code 40201				Tra	ansa	acti	ion IE	):	218132	241		
	Purpose of Disbursement Contribution				)11		Amo	ount	of	Each	D	isburse	emen	t this	Period
	Sen. Mitch McConnell			Cate Ty	egor ype			_		7				150	0.00
	Office Sought: House Disburser Senate President State: KY District:	ment For: Primary Other (spe	X General				Con	tribu	tior	١					
с.	Full Name (Last, First, Middle Initial) Walberg For Congress								Dis	burse					
	Mailing Address PO Box 1362							<sup>M</sup>	/	D	D4	/		014	Y
	City Jackson	State MI	Zip Code 49204				Tra	ansa	acti	on IC	<b>)</b> :	218132	242		
	Purpose of Disbursement Contribution			0	11		Amo	ount	of	Each	D	isburse	emen	t this	Period
	Candidate Name Rep. Tim Walberg		Cate Ty	egor ype					,	2			100	0.00	
	Office Sought: House Disburser Senate President State: MI District: 07	ment For: Primary Other (spe	General				Cont	ribut	tion	I					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Hospital Association I	PAC		
Full Name (Last, First, Middle Initial) A. Citizens For Cochran			Date of Disbursement
Mailing Address PO Box 7183			06 06 2014
City Tupelo	State Zip Code MS 38802		Transaction ID : 21813248
Purpose of Disbursement Contribution		011	Amount of Each Disburgement this Deviad
Candidate Name			Amount of Each Disbursement this Period
Sen. Thad Cochran		Category/ Type	5000.00
Office Sought: House Disbu	rsement For: 2014 Primary General X Other (specify) ▼		Contribution
State: MS District:	Runoff2014		
Full Name (Last, First, Middle Initial)			
<ol> <li>Joe Wilson For Congress Comr</li> </ol>	nittee		Date of Disbursement
Mailing Address PO Box 2145			06 06 2014
City West Columbia	State Zip Code SC 29171		Transaction ID : 21813250
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Joe Wilson       Office Sought:     Y House	weenent Ferri 2014	Туре	
Office Sought: House Disbut Senate President Office: SC District: 02	rrsement For: 2014 X Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
C- CAFO PAC (Concerned Americ	ans for Freedo		Date of Disbursement
Mailing Address 3321 Avenue I - Suite 6			
City Scottsbluff	State Zip Code NE 69361		Transaction ID : 21813251
Purpose of Disbursement 2014 Contribution		011	
Candidate Name		011 Category/	Amount of Each Disbursement this Period
CAFO PAC (Concerned Americ		Туре	500.00
Senate President	Irsement For: Primary General Other (specify)		2014 Contribution
State: District:			
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	for commercial purposes, other than using the nar													
$  \setminus$	NAME OF COMMITTEE (In Full)	<b>^</b>												
	American Hospital Association PA	с 												
^	Full Name (Last, First, Middle Initial)					Doto of		buree	mont					
А.	Pioneer PAC					Date of	פוים ו י			V -	Y Y	V		
	Mailing Address 499 South Capitol Street, SW Suite 408					06	ĺ	0			2014	T		
	City	State Zip Code				Trans	acti	on ID	: 21813	252				
	Washington	DC 20003				TTalls	acu		. 2101.	JZJZ				
	Purpose of Disbursement 2014 Contribution		C	)11		Amount	t of	Each	Disburs	semei	nt this	Period		
	Candidate Name		Cat	egor	v/					-				
	Pioneer PAC			ype	<i>.</i>			7		_	100	0.00		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				2014 Co	ontri	bution						
	State: District:													
-	Full Name (Last, First, Middle Initial)					<b>.</b>								
в.	Enyart For Congress					Date of	Dis							
	Mailing Address PO Box 308					м м 06	/	0	D / 6		y y 2014	Y		
	<u></u>													
	City Belleville	State Zip Code IL 62222				Trans	acti	ion ID	: 2181:	3253				
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	Candidate Name		1.00	)11		Amount	i ot	∟ach	Disburs	semei	nt this	Period		
	Rep. William Enyart			egor ype	у/						150	00.00		
	·	ment For: 2014		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	;					
	Senate	Primary X General				Contribu	utior	۱						
	President	Other (specify)												
_	State: IL District: 12													
C.	Full Name (Last, First, Middle Initial) Ted Deutch For Congress Commit	too				Date of	f Dis	sburse	ement					
<i>.</i> .						M M	_ /	D		Y	Y Y	Y		
	Mailing Address 1050 17th St, Nw, Ste 590					06		0			2014	_		
	City	State Zip Code				Trana	204		: 2181:	2254				
	Washington	DC 20036				mans	auti	UIID	. 2101.	JZJ4				
	Purpose of Disbursement Contribution			)11										
	Candidate Name					Amount	t of	∟ach	Disburs	seme	nt this	Period		
	Rep. Ted Deutch			egor ype	y/						200	0.00		
	Office Sought: X House Disburse Senate President X	ment For: 2014 Primary General Other (specify) ▼		- •		Contribu	ution	1						
_	State: FL District: 21													
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar						Date of Disbursement   06   06   06   13   06   13   06   13   06   13   06   13   14   06   15   16   17   17   17   17   18   19   113   19   113   1						
$\backslash$	NAME OF COMMITTEE (In Full)												
	American Hospital Association PA	С											
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Mark Pryor For U.S. Senate							f Dis			vv	V	V
	Mailing Address PO Box 2720										20		
	City Little Rock	State AR	Zip Code 72203				Trans	acti	on ID	: 218208	877		
	Purpose of Disbursement Contribution			0	)11		Amoun	t of	Fach	Disburse	ment	this F	Period
	Candidate Name						/ inioun		Luon	Diobaroc			chica
	Sen. Mark L. Pryor			Cate T	egor ype	'y/	L.,					1000	.00
		ment For: Primary Other (spe	X General		<u> </u>		Contrib	ution	1	,			
	State: AR District:												
B	Full Name (Last, First, Middle Initial)						Data o	f Die	shuree	ment			
υ.	Michael Burgess For Congress												N.
	Mailing Address PO Box 2334							/				)14	Ŷ
	Denton	State TX	Zip Code 76202				Trans	sacti	ion ID	: 218208	380		
	Purpose of Disbursement Contribution			C	)11		Amoun	t of	Each	Disburse	ement	this F	Period
	Candidate Name			Cate	egor	y/						1000	00
	Rep. Michael C. Burgess M.D.				ype	-			7			1000	.00
	Office Sought:     House     Disburse       Senate     President     Image: Senate       State:     TX     District:     26	ment For: Primary Other (spe	X General				Contrib	utior	١				
<u>с</u>	Full Name (Last, First, Middle Initial) Friends Of Lois Capps						Date o	f Dis	sburse	ment			
Ο.	Filends Of Lois Capps										v	Y	V
	Mailing Address P.O. Box 23940							ĺ			20		
	City Santa Barbara	State CA	Zip Code 93121				Trans	sacti	ion ID	: 218208	382		
	Purpose of Disbursement		00121	_	_								
	Contribution			0	)11		Amoun	t of	Each	Disburse	ment	this F	Period
	Candidate Name			Cate	egor	y/	1					1000	00
	Rep. Lois Capps				ype				7			1000	.00
	Senate President	ment For: Primary Other (spe	X General				Contrib	ution	1				
_	State: CA District: 24												
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	CHEDULE B (FEC Form 3X)	Use sen	parate schedule(s)					:		PA	GE	121 (	DF 134
IT	EMIZED DISBURSEMENTS	for each	a category of the Summary Page	(C		ck only 21b 27	one) 22 28a	×	23 28b	24 28c		25 29	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar												
	NAME OF COMMITTEE (In Full)												
$\mathbb{Z}$	American Hospital Association PA	С											
Α.	Full Name (Last, First, Middle Initial) John Carney For Congress						Date o	f Dis	sburse	ment			
	Mailing Address PO Box 2162						06	/	D 1:			014	Y
	,	State DE	Zip Code			$\rightarrow$	Trans	sacti	ion ID	: 218208	84		_
	Wilmington Purpose of Disbursement		19899										
	Contribution			(	011		Amoun	t of	Each	Disburse	ment	this I	Period
	Candidate Name		Ţ	Cat								1000	.00
	Rep. John C. Carney Jr.				ype			_	7	7	_		
	Senate X President	ment For: Primary Other (spe	General				Contrib	utior	١				
_	State: DE District: 00												
В.	Full Name (Last, First, Middle Initial) Guthrie For Congress						Date o	f Dis	sburse	ment			
	Mailing Address PO Box 9639						M M 06	/	D 1	D / Y 3		014	Y
	City Bowling Green	State KY	Zip Code 42102				Trans	sacti	ion ID	: 218208	86		
	Purpose of Disbursement Contribution		-	(	011		Amoun	t of	Each	Disburse	ment	this I	Period
	Candidate Name			Cat	900	nrv/		-			-		
	Rep. S. Brett Guthrie				iype			_	7		_	1000	0.00
		ment For: Primary Other (spe	X General				Contrib	utior	ſ				
<u>с</u> .	Full Name (Last, First, Middle Initial)						Date o	f Dis	sburse	ment			
	Mailing Address PO Box 37						м м 06	/	D 1:			014	Y
		State	Zip Code			-+	Trans	sacti	ion ID	: 218208	89		
	Roseville Purpose of Disbursement Contribution	MI	48066		)1 4				-				
	Candidate Name				011		Amoun	t of	Each	Disburse	ment	this I	Period
	Rep. Sandy M. Levin			Cat								1000	.00
	1 2	ment For: Primary Other (spe	General		ӯре	<u>,</u>	Contrib	ution	1	- 7	_		
	State: MI District: 09	х т <sup>р</sup>	·										
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 122 OF 134
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and S or for commercial purposes, other than using the		sed by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	_		
American Hospital Association	PAC		
Full Name (Last, First, Middle Initial) A. People For Ben			Date of Disbursement
Mailing Address PO Box 31129			06 / D D / Y Y Y Y 2014
City Santa Fe	State Zip Code NM 87594		Transaction ID : 21820892
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Ben Ray Lujan Jr. Office Sought: V House Disb	ursement For: 2014	Туре	
Senate President	Primary X General Other (specify) ▼		Contribution
State: NM District: 03 Full Name (Last, First, Middle Initial)			
B. Pat Meehan For Congress			Date of Disbursement
Mailing Address 50 S. Providence Road			06 13 / Y Y Y Y Y 06 13
City Media	State Zip Code PA 19063		Transaction ID : 21820893
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Patrick L. Meehan		Category/	1000.00
Office Sought: House Disbu Senate President	ursement For: 2014 Primary X General Other (specify) ▼	Туре	Contribution
State: PA District: 07 Full Name (Last, First, Middle Initial)			
C. Jim Renacci For Congress			Date of Disbursement
Mailing Address 150 Smokerise Drive			06 13 2014
City Wadsworth	StateZip CodeOH44281		Transaction ID : 21820894
Purpose of Disbursement Contribution		011	
Candidate Name		011 Category/	Amount of Each Disbursement this Period 1000.00
Rep. James B. Renacci	ursement For: 2014	Туре	
Senate President	Primary X General Other (specify)		Contribution
State: OH District: 16			
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar												
$\mathbb{N}$	NAME OF COMMITTEE (In Full)												
	American Hospital Association PA	С											
<u> </u>	Full Name (Last, First, Middle Initial)						Data	( D)					
А.	Ann Wagner For Congress						Date o		burse		V	YY	V
	Mailing Address PO Box 50						06	ĺ		3		2014	
	City Ballwin	State MO	Zip Code 63022				Trans	acti	on ID	: 2182	0896		
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	Candidate Name			Cate		n/	Amoun		Lacii	DISDUI	seme	11 1115	renou
	Rep. Ann Wagner				ype				7			100	0.00
	Office Sought: House Disburser Senate President State: MO District: 02	ment For: Primary Other (spe	General				Contrib	ution	1				
_	Full Name (Last, First, Middle Initial)												
В.	Majority Committee PAC						Date o	f Dis					
	Mailing Address PO Box 10134						м м 06	/		D / 3		2014	Y
	Bakersfield	State CA	Zip Code 93389				Trans	sacti	ion ID	: 2182	1008		
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C.	Full Name (Last, First, Middle Initial) HellerHighWater PAC						Date o	f Dis				YY	
	Mailing Address PO Box 371907						06	/		D / 3		2014	T
	City Las Vegas	State NV	Zip Code 89137				Trans	sacti	ion ID	: 2182	1009		
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	y information copied from such Reports and State for commercial purposes, other than using the nat														
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)														
	American Hospital Association PA	C													
Α.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin							Date c	of Dis	sburse	en	nent			
	Mailing Address PO Box 1949						-	м м 06	/	D 1	13			014	Y
	City Springfield	State IL	Zip Code 62705					Tran	sact	ion ID	):	218210	10		
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_	State: IL District:						-								
в.	Full Name (Last, First, Middle Initial) Randy Hultgren For Congress							Date o							
	Mailing Address PO Box 717							06		D	13			014	Y
	City St Charles	State IL	Zip Code 60174					Tran	sact	ion IE	):	218210	011		
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	Candidate Name Rep. Randy Hultgren			Cate										400	0.00
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C.	Full Name (Last, First, Middle Initial) Guthrie For Congress							Date o	of Dis	sburse	em	nent			
	Mailing Address PO Box 9639							06	/	D 1	3	/		014	Y
	City Bowling Green	State KY	Zip Code 42102					Tran	sact	ion IC	):	218210	)12		
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	Rep. S. Brett GuthrieOffice Sought:VVHouseDisburse	mont For:	0014	T	ype		_			7	-	7		100	0.00
	Senate President	ment For: Primary Other (sp	K General					Contrib	utior	ו					
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	EMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page			21b	22 28a	×	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)													
	American Hospital Association PA	C												
Δ	Full Name (Last, First, Middle Initial)						Date o	f Dis	sburse	emen	t			
	Cleaver For Congress						M M	_	D				Y	Y
	Mailing Address 4801 Main Street, Stuite 1000						06			3			014	
	,	State	Zip Code				Trans	acti	on ID	: 21	8210	13		
	Kansas City Purpose of Disbursement	MO	64112											
	Contribution			C	)11		Amoun	t of	Each	Disb	urse	ment	this	Period
	Candidate Name			Cate									1500	0.00
	Rep. Emanuel Cleaver II           Office Sought:         V         House         Disburser	nent For:	2014	Т	ype	;	_	-	7		7	-		
		Primary Other (spe	General				Contrib	utior	ı					
	Full Name (Last, First, Middle Initial)													
В.							Date o	_			t			
	Mailing Address PO Box 1135						06	/		3			)14	Y
	Helena	State MT	Zip Code 59624				Trans	sacti	ion ID	) : 21	8210	15		
	Purpose of Disbursement 2018 Contribution			C	011		Amoun	t of	Each	Disb	urse	ment	this	Period
	Candidate Name			Cate									100	0.00
	Sen. Jon Tester Office Sought: House Disburser	nont For:	0040	T	ype	;	_		7		7			
		nent For: Primary Other (spe	General				2018 C	ontri	butior	ו				
_	Full Name (Last, First, Middle Initial)													
C.							Date o	_		emen	t		Y	Y
	Mailing Address PO Box 2082						06	ĺ		3	Ĺ		)14	
		State OK	Zip Code 73101				Trans	sacti	ion ID	: 21	8210	16		
	Purpose of Disbursement Contribution				14									
	Candidate Name				)11		Amoun	t of	Each	Disb	urse	ment	this	Period
	Joseph A Jolley			Cate T	ego ype								2500	0.00
	Office Sought: House Disburser Senate President State: OK District: 05	nent For: Primary Other (spe	General				Contrib	utior	1					
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	CHEDULE B (FEC Form 3X)	Llee con	arate schedule(s)					MBER:	:			P	٩GE	126	OF 134
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_													
	American Hospital Association PA	C													
Α.	Full Name (Last, First, Middle Initial) Jim Tracy For Congress						[	Date of	f Dis	sburs	em	nent			
							1	MM	/		D	/		( Y	Y
	Mailing Address PO Box 332490							06			13		2	014	
	City S Murfreesboro	State TN	Zip Code 37133					Trans	acti	ion II	<b>)</b> :	21821	017		
	Purpose of Disbursement Contribution							•		<b>-</b>					Devia
	Candidate Name			Cate	)11 200	n//	/	Amoun	t of	Eacr	ם ו	isburse	emen	t this	Period
	Jim Tracy				ype					7	_			250	0.00
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	State:         TN         District:         04           Full Name (Last, First, Middle Initial)														
В.	Friends For Chris Stewart, Inc.						[	Date of	_						
	Mailing Address 10 West Broadway, Suite 500							06	/		13			2014	Y
	Salt Lake City	State UT	Zip Code 84101					Trans	sact	ion II	D :	21821	018		
	Purpose of Disbursement Contribution			C	)11		A	Amount	t of	Each	۱D	isburse	emen	t this	Period
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	President	Primary Other (spe	General ecify) ▼				C	Contrib	utior	ſ					
	State:         UT         District:         02           Full Name (Last, First, Middle Initial)														
C.	Rangel For Congress						[	Date of	f Dis	sburs	err	nent			
	Mailing Address P.O. Box 5577							м м 06	/		18	/		014	Y
	City Since S	State NY	Zip Code 10027					Trans	sact	ion II	D :	21826	460		
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	Rep. Charles B. Rangel				ype					7	_	7		200	0.00
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	CHEDULE B (FEC Form 3X)	Use separate schedu	le(s)	FOR LINE I	
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	y information copied from such Reports and State for commercial purposes, other than using the national states of the states of				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PA	C			
A.	Full Name (Last, First, Middle Initial) Beatty For Congress				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address PO Box 172				06 19 2014
	City Columbus	State Zip Code OH 43216			Transaction ID : 21827288
	Purpose of Disbursement	43210			
	Contribution Candidate Name			011	Amount of Each Disbursement this Period
	Rep. Joyce Beatty			Category/ Type	1000.00
	Office Sought: House Disburse Senate	ment For: 2014 Primary X Gener	ral	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contribution
	State: OH District: 03	Other (specify)			
_	Full Name (Last, First, Middle Initial)				
В.	Friends Of Erik Paulsen				Date of Disbursement
	Mailing Address P.O. Box 44369 250 Prairie Center Drive				
	City Eden Prairie	StateZip CodeMN55344			Transaction ID : 21827294
	Purpose of Disbursement Contribution		Γ	011	Amount of Each Disbursement this Period
	Candidate Name			Category/	1000.00
	Rep. Erik P. PaulsenOffice Sought:XYHouseDisburse	ment For: 2014		Туре	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Primary Gener Other (specify) ▼	ral		Contribution
	Full Name (Last, First, Middle Initial)				
C.	Price For Congress				Date of Disbursement
	Mailing Address P.O. Box 425				06 / D D / Y Y Y Y 19 2014
	City Roswell	State Zip Code GA 30077			Transaction ID : 21827295
	Purpose of Disbursement Contribution		Г	011	· · · · · · · · · · · · · · · · · · ·
	Candidate Name			011 Category/	Amount of Each Disbursement this Period
	Rep. Thomas Edmunds Price M.D			Туре	1000.00
	Senate President	Primary X Gener Other (specify)	ral		Contribution
	State: GA District: 06				
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^	Full Name (Last, First, Middle Initial)						Date o	f Dia	shuree	mont			
<b>~</b> .	Daniel Webster For Congress							_	D		Y Y	V	V
	Mailing Address 3400 Old Winter Garden Road						06	Í	1		20		
	5	State	Zip Code				Trans	acti	on ID	: 218272	96		
	Orlando Purpose of Disbursement	FL	32805										
	Contribution			C	011		Amoun	t of	Each	Disburse	ment	this F	eriod
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	Rep. Daniel Webster				ype	<b>,</b>			7			1000	.00
	Office Sought: House Disburse Senate President State: FL District: 10	ment For: Primary Other (spe	X General				Contrib	utior	1				
	Full Name (Last, First, Middle Initial)												
В.	AMERIPAC: The Fund for a Great	ter Amer	rica				Date o	f Dis	sburse	ement			
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	Mailing Address 700 Thirteenth Street, NW Suite 600						06		1	9	20	14	
	Washington	State DC	Zip Code 20005				Trans	sacti	ion ID	: 218272	297		
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C.	Full Name (Last, First, Middle Initial) Committee for the Preservation of	Canitali	sm (CPC)				Date o	f Dis	sburse	ement			
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	Mailing Address P.O. Box 65314						06		1	9	_20	14	
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	Washington	DC	22036				iiaii		טו וויי	. 21027			
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	y information copied from such Reports and State for commercial purposes, other than using the na														
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)														
	American Hospital Association PA	C													
Α.	Full Name (Last, First, Middle Initial) Families For James Lankford							Date c	of Dis	sbur	ser	ment			
	Mailing Address PO Box 1639							06	/	D	20			014	Y
	City Bethany	State OK	Zip Code 73008					Tran	sacti	ion I	ID :	: 21827:	302		
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	Rep. James Paul Lankford			Cate T	ego ype			L.,		7				400	0.00
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в.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu, Inc.							Date c	_		ser		V	Y	V
	Mailing Address 700 13th Street, NW Suite 600							06			25			014	
	City Washington	State DC	Zip Code 20005					Tran	sact	ion	ID	: 21832	110		
	Purpose of Disbursement Contribution			(	011			Amour	nt of	Eac	h [	Disburse	emen	t this	Period
	Candidate Name			Cat				· ·			1			100	0.00
	Sen. Mary L. Landrieu         Office Sought:       House       Disburse         X       Senate       President         State:       LA       District:	ment For: Primary Other (spe	X General		ype	!		Contrib	oution	n		5			
c.	Full Name (Last, First, Middle Initial) Friends Of Cheri Bustos							Date c	of Dis	sbur	ser	nent			
	Mailing Address P.O. Box 77							06	/	D	25			014	Y
	City East Moline	State IL	Zip Code 61244					Tran	sact	ion	ID	: 21832	111		
	Purpose of Disbursement Contribution			C	011			Amour	nt of	Eac	h [	Disburse	emen	t this	Period
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	Rep. Cheri Bustos			Т	ype					7		7		100	5.00
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$\left  \right $	NAME OF COMMITTEE (In Full)	_													
	American Hospital Association PA	С													
Α.	Full Name (Last, First, Middle Initial) DelBene For Congress							Date of	f Dis	sburse	eme	ent			
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	Mailing Address PO Box 487							06	1	2	25	1 1	20	14	
	City Softeel Strength	State WA	Zip Code 98041					Trans	acti	on ID	):2	2183211	12		
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	Contribution			0	)11			Amount	t of	Each	Di	sburser	nent	this I	Period
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_	Full Name (Last, First, Middle Initial)														
В.	Nolan For Congress Volunteer Con	mmittee	;					Date of	Dis	sburse	eme				
	Mailing Address PO Box 1041							м м 06	1	2	25	/ Y		)14	Y
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	Brainerd	State MN	Zip Code 56401					Trans	acti	ion ID	):2	218321 <sup>-</sup>	13		
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	Rep. Richard Michael Nolan				ype	, y,				7	_			1000	0.00
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	President	Other (spe						Contrib	utior	1					
_	State: MN District: 08														
С.	Full Name (Last, First, Middle Initial) Mike Bishop For Congress							Date of	f Dis	sburse	eme	ent			
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	Mailing Address PO Box 1148							06		2	25		20	14	
	,	State MI	Zip Code 48116					Trans	acti	ion ID	):2	2183212	28		
	Brighton Purpose of Disbursement	IVII	40110	_	-	-									
	Contribution			0	)11			Amount	t of	Each	Di	sburser	nent	this I	Period
	Candidate Name Michael Bishop			Cate	egor ype									1000	.00
	•	ment For:	2014	1	ypc			_		7		7			
	Senate X	Primary	General				0	Contribu	ution	1					
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s	UBTOTAL of Disbursements This Page (optional)									7		7		3500	.00
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	CHEDULE B (FEC Form 3X)		arate schedule(s)						:			PA	GE	131	OF 134
IT	EMIZED DISBURSEMENTS	for each	category of the	(c	hec	k only		) 22	X	23		24		25	26
		Detailed	Summary Page		$\vdash$	27		28a		28b	$\vdash$	24 28c	-	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nam														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-													
	American Hospital Association PA	C													
•	Full Name (Last, First, Middle Initial)								4 D:						
А.	Moolenaar For Congress						_			sburse		ent			
	Mailing Address 5915 Eastman Avenue Suite 100							0 <u>6</u>		2	25	/ Y		014	Y
	City	State	Zip Code				-	Tranc	acti	ion ID		218321	20		
	Midland	MI	48640				I	ITalis	acu		. 2	10321	29		
	Purpose of Disbursement Contribution			O	11		Ar	noun	t of	Each	Dis	sbursei	ment	t this	Period
	Candidate Name			Cate			- Г							100	0.00
	John Moolenaar Office Sought: X House Disburser	nont Fam	0014	T	ype				-	7	_	7	-	100	
		nent For: 2 Primary Other (spe	General				Сс	ontrib	utior	١					
_	Full Name (Last, First, Middle Initial)														
В.	Fund For The Majority, The						Da	ate o	f Dis	sburse	eme	ent			
	Mailing Address 1212 S. Victory Blvd.							06	/	D	B 30	/ Y		014	Y
	Burbank	State CA	Zip Code 91502				-	Trans	sacti	ion ID	):2	218566	58		
	Purpose of Disbursement Void of 04/14 Check			C	)11		Ar	noun	t of	Each	Dis	sbursei	ment	t this	Period
	Candidate Name			Cate	ego	ry/	1							100	0.00
	Fund For The Majority, The				ype					7	_	- 7		-100	0.00
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼				Vo	oid of	04/1	I4 Ch	eck	i			
_	Full Name (Last, First, Middle Initial)														
C.	Hoosiers First PAC						Da	ate o	f Dis	sburse	eme	ent			
	Mailing Address 215 South St. Joseph Street Suite 600							06	/	D 3	D 80	/ Y		)14	Y
	5	State IN	Zip Code 46601				-	Trans	sacti	ion ID	):2	218566	60		
	South Bend Purpose of Disbursement Void of 05/14 Check		40001	-											
				0	11		Ar	noun	t of	Each	Dis	sbursei	ment	t this	Period
	Candidate Name Hoosiers First PAC			Cate			- Г							-100	0.00
	Office Sought: House Disburser	nent For:		1	ype			-	-	7	_	7	-		
	Senate       President	Primary Other (spe	General cify) ▼				Vo	oid of	05/1	4 Che	eck				
_	State: District:														
s	UBTOTAL of Disbursements This Page (optional)					• ▶	ļ			,		7		-1000	0.00
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	CHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)						:			P/	AGE	132	OF 134
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			k on 21b 27	· _	ne) 22 28a	×	23 28b	F	24 280		25 29	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar														
	American Hospital Association PA	С													
Α.	Full Name (Last, First, Middle Initial) ROYB - Rely on Your Beliefs Fund	k						Date o	_	sburse			YYY	Ý	Y
	Mailing Address 1300 Pennsylvania Avenue, NW Suite 700							06			30			014	
	City Washington Purpose of Disbursement	State DC	Zip Code 20004					Trans	sacti	ion ID	):	21856	661		
	Void of 05/14 Check Candidate Name			_	11			Amoun	it of	Each	D	Disburse	emen	t this	Period
	ROYB - Rely on Your Beliefs Fund	ment For:		Cate Ty	egoi ype		-	L.		7		7		-100	0.00
	State: District:	Primary Other (spe	General ecify) v					Void of	05/1	14 Che	ec	k			
В.	Full Name (Last, First, Middle Initial) Cartwright For Congress							Date o	_	sburse			Y Y	Ý	Y
	Mailing Address PO Box 1805							06		3	30		2	014	
	City Plains Purpose of Disbursement	State PA	Zip Code 18705					Tran	sact	ion ID	) :	21860	565		
	Void of 03/14 check Candidate Name Rep. Matthew A. Cartwright			Cate	)11 egoi ype			Amoun	it of	Each		Disburse	emen	t this -200	
		ment For: Primary Other (spe	General					Void of	03/	14 che	ec	k			
C.	Full Name (Last, First, Middle Initial) Terri Sewell For Congress							Date o		sburse			× ×	Ý	V
	Mailing Address P.O. Box 1964							06	ĺ		30			014	
	Birmingham	State AL	Zip Code 35201					Tran	sact	ion ID	):	21866	413		
	Purpose of Disbursement Void of 07/13 Check Candidate Name Rep. Terri A. Sewell			Cate	11 egoi ype			Amour	it of	Each		Disburse	emen	t this -100	_
		ment For: Primary Other (spe	General					Void of	07/1	13 Che	ec	:k			
⊢	UBTOTAL of Disbursements This Page (optional)							[. [.		<b>7</b>		- 7	-	-4000	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 133 OF 134			
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(s) (check only	(check only one)			
	Detailed Summary Pag		22         X         23         24         25         26           28a         28b         28c         29         30b			
Any information copied from such Reports and St or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
American Hospital Association F	AC					
Full Name (Last, First, Middle Initial)  A. Perlmutter For Congress			Date of Disbursement			
Mailing Address 3440 Youngfield Street #264			06 30 2014			
City Wheat Ridge	StateZip CodeCO80033	1	Transaction ID : 21866414			
Purpose of Disbursement Void of 03/14 Check		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	-1000.00			
Rep. Edwin Perlmutter	rsement For: 2014	Туре	1000.00			
Senate President	Primary General Other (specify) ▼	I	Void of 03/14 Check			
State: CO District: 07 Full Name (Last, First, Middle Initial)						
B. Friends Of Schumer			Date of Disbursement			
Mailing Address 192 Lexington Avenue Suite 1	001		06 / D D / Y Y Y Y 2014			
City New York	StateZip CodeNY10016		Transaction ID : 21873980			
Purpose of Disbursement Void of 10/13 Check		011	Amount of Each Disbursement this Period			
Candidate Name Sen. Charles E. Schumer		Category/ Type	-1000.00			
	rsement For: 2016 Yerimary General Other (specify) ▼		Void of 10/13 Check			
Full Name (Last, First, Middle Initial)						
С.			Date of Disbursement			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type				
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)					
District.						
SUBTOTAL of Disbursements This Page (optiona		<b>r</b>	-2000.00			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 134 OF 134	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	210	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used ame and address of any politica	d by any persol I committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
American Hospital Association PA	AC			
Full Name (Last, First, Middle Initial) A. Ms. Rebecca Hultberg			Date of Disbursement	
Mailing Address 1049 West Fifth Avenue Suite 100			M M / D D / Y Y Y Y 06 26 2014	
<u></u>				
City Anchorage	State Zip Code AK 99501-1965		Transaction ID : 21832095	
Purpose of Disbursement Refund of 06/13/2014 Contribution		010	Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Туре	500.00	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼		Refund of 06/13/2014 Contribution	
State: District:	_			
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City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name			Amount of Each Disbursement this Penod	
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Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼			
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Full Name (Last, First, Middle Initial)			Deta of Disburgement	
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City	State Zip Code			
Purpose of Disbursement				
Candidate Name Category/ Type			Amount of Each Disbursement this Period	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
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