

Image# 14960458526

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

ADDRESS (number and street) 1215 K Street, Suite 800

Check if different than previously reported. (ACC)

Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00237495

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY

01/01/2014 through 01/31/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas W. Hiltachk

Signature of Treasurer Thomas W. Hiltachk [Electronically Filed] Date 02/13/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only										
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="41955.79"/>	<input type="text" value="41955.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41955.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="39564.01"/>	<input type="text" value="39564.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="81519.80"/>	<input type="text" value="81519.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="590.17"/>	<input type="text" value="590.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="80929.63"/>	<input type="text" value="80929.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 01 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33449.17	33449.17
(ii) Unitemized	6114.84	6114.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39564.01	39564.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	39564.01	39564.01
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	39564.01	39564.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39564.01	39564.01

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	590.17	590.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	590.17	590.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	590.17	590.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	590.17	590.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39564.01	39564.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39564.01	39564.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	590.17	590.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	590.17	590.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. John Friel
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 South Oak Avenue
 City State Zip Code
 Oakdale CA 95361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oak Valley Hospital District Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014
Transaction ID : INCA11661
 Amount of Each Receipt this Period
 312.50

B. Andy Coe
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Pasteur Drive
 City State Zip Code
 Palo Alto CA 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stanford Hospital & Clinics Chief Government/Community Relations O
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014
Transaction ID : INCA11641
 Amount of Each Receipt this Period
 500.00

C. James Dover
 Full Name (Last, First, Middle Initial)
 Mailing Address 2105 Forest Avenue
 City State Zip Code
 San Jose CA 95128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 O'Connor Hospital President/CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 312.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014
Transaction ID : INCA11646
 Amount of Each Receipt this Period
 312.50

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Cheri Hummel		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>06</td> <td>/</td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01	/	06	/	2014
M M	/	D D	/	Y Y Y Y								
01	/	06	/	2014								
Mailing Address 1215 K st 800		Transaction ID : INCA11635										
City Sacramento	State CA	Zip Code 95814										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00										
Name of Employer California Hospital Association	Occupation Vice President, Disaster Preparedness											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1305.00											

Full Name (Last, First, Middle Initial) B. Brian Jensen		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>06</td> <td>/</td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01	/	06	/	2014
M M	/	D D	/	Y Y Y Y								
01	/	06	/	2014								
Mailing Address 1215 K St Ste 730		Transaction ID : INCA11659										
City Sacramento	State CA	Zip Code 95814										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 414.00										
Name of Employer Hospital Council of Northern and Centr	Occupation Regional Vice President											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.00											

Full Name (Last, First, Middle Initial) C. Amber Kemp		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>06</td> <td>/</td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01	/	06	/	2014
M M	/	D D	/	Y Y Y Y								
01	/	06	/	2014								
Mailing Address 1215 K St 800		Transaction ID : INCA11657										
City Sacramento	State CA	Zip Code 95814										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00										
Name of Employer California Hospital Association	Occupation Vice President, Health Care Coverage											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 816.00											

SUBTOTAL of Receipts This Page (optional).....▶	2414.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA11635

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA11659

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA11657

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Marcia Manker
 Full Name (Last, First, Middle Initial)
 Mailing Address 9920 Talbert Avenue
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orange Coast Memorial Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014
Transaction ID : INCA11664
 Amount of Each Receipt this Period
1500.00

B. Anne McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 K St
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Hospital Association Occupation Senior Vice President, Health Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014
Transaction ID : INCA11630
 Amount of Each Receipt this Period
173.00

C. C. Duane Dauner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 K Street, Suite 800
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Hospital Association Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2014
Transaction ID : INCA11678
 Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)..... **5673.00**
TOTAL This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA11630

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Diane Dauner		Date of Receipt
Mailing Address 1215 K Street Suite 800		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA11699
Name of Employer N/A	Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) B. Michael Covert		Date of Receipt
Mailing Address 15255 Innovation Dr Suite 204		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City San Diego	State CA	Zip Code 92128
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA11721
Name of Employer Palomar Pomerado Health	Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) C. Mark Gamble		Date of Receipt
Mailing Address 515 S. Figueroa Street Suite 1300		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Los Angeles	State CA	Zip Code 90071
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA11710
Name of Employer Hospital Association of Southern Calif	Occupation Senior Vice President/Chief Operating	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Daniel Gross
Full Name (Last, First, Middle Initial)

Mailing Address 8695 Spectrum Center Blvd

City San Diego State CA Zip Code 92123

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

Name of Employer Sharp HealthCare Occupation Executive Vice President, Sharp Health

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **01 / 17 / 2014**

Transaction ID : INCA11719

Amount of Each Receipt this Period **375.00**

B. Lisa Sontag
Full Name (Last, First, Middle Initial)

Mailing Address 5575 Ruffin Road Suite 225

City San Diego State CA Zip Code 92123

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

Name of Employer Hospital Association of San Diego and Occupation Manager, Public Advocacy/Member Relati

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 17 / 2014**

Transaction ID : INCA11722

Amount of Each Receipt this Period **250.00**

C. Scott Twomey
Full Name (Last, First, Middle Initial)

Mailing Address 515 S Figueroa St

City Los Angeles State CA Zip Code 90071

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

Name of Employer Hospital Association of Southern Calif Occupation President/CFO, AllHealth/Senior Vice P

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **01 / 17 / 2014**

Transaction ID : INCA11688

Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional)..... **2125.00**

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

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

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

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Steve Escoboza
 Full Name (Last, First, Middle Initial)
 Mailing Address 5575 Ruffin Road
 Suite 225
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Association of San Diego and Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : INCA11679
 Amount of Each Receipt this Period
1500.00

B. David Hu
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 S Figueroa St
 City Los Angeles State CA Zip Code 90071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Association of Southern Calif Occupation Controller
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : INCA11695
 Amount of Each Receipt this Period
300.00

C. James Plummer
 Full Name (Last, First, Middle Initial)
 Mailing Address 11878 Avenue Of Industry
 City San Diego State CA Zip Code 92128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Behavioral Health Care/San Dieg Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : INCA11712
 Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Lex Smith		Date of Receipt
Mailing Address 300 Canal Street		M M M / D D D / Y Y Y Y Y Y 01 / 24 / 2014
City King City	State CA	Zip Code 93930
FEC ID number of contributing federal political committee. C		Transaction ID : INCA11700
Name of Employer George L. Mee Memorial Hospital		Amount of Each Receipt this Period
Occupation Chief Executive Officer		1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1500.00

Full Name (Last, First, Middle Initial) B. Richard Afable		Date of Receipt
Mailing Address One Hoag Drive		M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2014
City Newport Beach	State CA	Zip Code 92658
FEC ID number of contributing federal political committee. C		Transaction ID : INCA11715
Name of Employer Hoag Memorial Hospital Presbyterian		Amount of Each Receipt this Period
Occupation President/CEO		1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1500.00

Full Name (Last, First, Middle Initial) C. Michael Bardin		Date of Receipt
Mailing Address 4275 Campus Point Ct		M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2014
City San Diego	State CA	Zip Code 92121
FEC ID number of contributing federal political committee. C		Transaction ID : INCA11716
Name of Employer Scripps Health		Amount of Each Receipt this Period
Occupation Senior Director, Scripps Health Public		1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1500.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Jack Chubb
 Full Name (Last, First, Middle Initial)
 Mailing Address 2823 Fresno Street
 City State Zip Code
 Fresno CA 93721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Community Regional Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : INCA11720
 Amount of Each Receipt this Period
 1500.00

B. Scott Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 San Pablo Street
 City State Zip Code
 Los Angeles CA 90033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Keck Hospital of USC Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : INCA11714
 Amount of Each Receipt this Period
 1500.00

C. John Friel
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 South Oak Avenue
 City State Zip Code
 Oakdale CA 95361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oak Valley Hospital District Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : INCA11711
 Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 3104.17
TOTAL This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial) A. Cheri Hummel		Date of Receipt
Mailing Address 1215 K st 800		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA11692
Name of Employer California Hospital Association	Occupation Vice President, Disaster Preparedness	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="55.00"/>
	<input type="text" value="1305.00"/>	

Full Name (Last, First, Middle Initial) B. Amber Kemp		Date of Receipt
Mailing Address 1215 K St 800		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA11708
Name of Employer California Hospital Association	Occupation Vice President, Health Care Coverage	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="66.00"/>
	<input type="text" value="816.00"/>	

Full Name (Last, First, Middle Initial) C. Anne McLeod		Date of Receipt
Mailing Address 1215 K St		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA11690
Name of Employer California Hospital Association	Occupation Senior Vice President, Health Policy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="87.00"/>
	<input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="208.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SA11AI

Transaction ID : INCA11692

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule: SA11AI

Transaction ID: INCA11708

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA11690

Intermediary: California Hospital Association 1215 K St, 800 Sacramento, CA 95814

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 20 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Siri Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 5176 Hill Road East
City Lakeport State CA Zip Code 95453
FEC ID number of contributing federal political committee. **C**
Name of Employer Sutter Lakeside Hospital Occupation Chief Administrative Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : INCA11718
Amount of Each Receipt this Period **1500.00**

B. Gustavo Valdespino
Full Name (Last, First, Middle Initial)
Mailing Address 15107 Vanowen Street
City Van Nuys State CA Zip Code 91405
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Presbyterian Hospital Occupation President/CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : INCA11713
Amount of Each Receipt this Period **1500.00**

C. James West
Full Name (Last, First, Middle Initial)
Mailing Address 12401 Washington Boulevard
City Whittier State CA Zip Code 90602
FEC ID number of contributing federal political committee. **C**
Name of Employer Presbyterian Intercommunity Hospital Occupation President/CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : INCA11717
Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional)..... **4500.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 21 OF 22
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Gary Wilde
Full Name (Last, First, Middle Initial)

Mailing Address 147 North Brent Street

City Ventura	State CA	Zip Code 93003
-----------------	-------------	-------------------

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

Name of Employer Community Memorial Hospital	Occupation President/CEO
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2014

Transaction ID : INCA11709

Amount of Each Receipt this Period
1500.00

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	33449.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial)

A. Transfirst Epayment Services

Mailing Address 12120 Shamrock Plaza, Suite 100

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB11749

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB11750

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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