

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

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

FOR LINE NUMBER: PAGE 10 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. 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)..... ▶