

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**
American Hospital Association PAC

ADDRESS (number and street) 800 Tenth Street, NW
Two CityCenter, Suite 400
Washington DC 20001-4956

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00106146 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) 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2017 through 09 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Hatton, Melinda, , Ms.,
Type or Print Name of Treasurer

Signature of Treasurer Hatton, Melinda, , Ms., [Electronically Filed] Date 10 / 16 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		2722052.22
(b) Cash on Hand at Beginning of Reporting Period.....	3485001.02	
(c) Total Receipts (from Line 19)	237007.86	1562932.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3722008.88	4284984.95
7. Total Disbursements (from Line 31).....	86028.66	649004.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3635980.22	3635980.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

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).....	109828.44	650177.39
(ii) Unitemized	56887.60	240077.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	166716.04	890255.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	166716.04	900255.16
12. Transfers From Affiliated/Other Party Committees.....	70000.00	623400.00
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	35941.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	291.82	2335.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	237007.86	1562932.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	237007.86	1562932.73

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	278.66	4895.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	278.66	4895.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85750.00	644000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	109.65
(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	109.65
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86028.66	649004.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86028.66	649004.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	166716.04	900255.16
34. Total Contribution Refunds (from Line 28(d))	0.00	109.65
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	166716.04	900145.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	278.66	4895.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	35941.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	278.66	- 31046.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Bowman, Ken, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 South Mulford Road

City Rockford	State IL	Zip Code 61108-4274
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Van Matre HealthSouth Rehabilitation H	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : 24080534

Amount of Each Receipt this Period
500.00

Memo Item

B. Raethel, Hilton, Raymond, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 707 Richards Street, PH2

City Honolulu	State HI	Zip Code 96813-4613
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Healthcare Association of Hawaii	Occupation (for Individual) President and Chief Executive Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : 24081051

Amount of Each Receipt this Period
1000.00

Memo Item

C. Raethel, Kathryn, A, Ms., RN, MPH, M
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 640 Ulukahiki Street

City Kailua	State HI	Zip Code 96734-4454
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Castle Medical Center	Occupation (for Individual) President and Chief Executive Officer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : 24081052

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Doeling, Mariann, , Ms., RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 461
 City Carrington State ND Zip Code 58421-0461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI St Alexius Health Carrington Medic Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00

Date of Receipt 09 / 12 / 2017
Transaction ID : 24081352
 Amount of Each Receipt this Period 66.00
 Memo Item

B. Charlton, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 S. Bella Court
 City Galloway State NJ Zip Code 08205-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AtlantiCare Occupation (for Individual) Board Chair
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2017
Transaction ID : 24082014
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dover, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1156 Boulder Creek Dr
 City O Fallon State IL Zip Code 62269-0087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HSHS Hospital Sisters Health System Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24082162
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1316.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Hewitt, Dougal, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 N Kingsbury #1030

City Chicago	State IL	Zip Code 60610-7448
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Presence Holy Family Medical Center	Occupation (for Individual) Chief Mission Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082163

Amount of Each Receipt this Period
750.00

Memo Item

B. Kannaday, Colleen, , Ms., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 South Major Street

City Eureka	State IL	Zip Code 61530-1246
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advocate BroMenn Medical Center	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082164

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 4936 LaVerna Rd

City Springfield	State IL	Zip Code 62707-9797
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HSHS St. Francis Hospital	Occupation (for Individual) President and Chief Executive Officer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082165

Amount of Each Receipt this Period
750.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Sacks, Lee, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2025 Windsor Drive

City Oak Brook	State IL	Zip Code 60523-1586
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advocate Health Care	Occupation (for Individual) Executive Vice President and Chief Mec
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082166

Amount of Each Receipt this Period
750.00

Memo Item

B. Starmann-Harrison, Mary, , Ms., FACHE, RN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 19456

City Springfield	State IL	Zip Code 62794-9456
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HSHS Hospital Sisters Health System	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082430

Amount of Each Receipt this Period
750.00

Memo Item

C. Callahan, Charles, D, Dr., PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 Markwood Lane

City Springfield	State IL	Zip Code 62712-8950
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Memorial Health System	Occupation (for Individual) Executive Vice President and Chief Ope
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082431

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Erickson, Robert, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24640 Illini Drive
 City Plainfield State IL Zip Code 60544-2442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Presence Saint Joseph Medical Center Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24082432
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gilbert, Dana, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Butternut Lane
 City Northbrook State IL Zip Code 60062-3510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocate Health Care Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24082433
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hughes, Loren, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3526 S Arbor Lake Dr
 City Edwardsville State IL Zip Code 62025-7754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HSHS Hospital Sisters Health System Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24082434
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Kambic, Phillip, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 North Wall Street

City Kankakee	State IL	Zip Code 60901-2901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Riverside Medical Center	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082439

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 450 West Highway 22

City Barrington	State IL	Zip Code 60010-1919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advocate Condell Medical Center	Occupation (for Individual) President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082440

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2380 E. Dempster

City Des Plaines	State IL	Zip Code 60016-4839
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Presence Health	Occupation (for Individual) President, Presence Health Partners
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082441

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Reardon, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Glen Eagle Drive
 City Springfield State IL Zip Code 62246-1156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HSHS Hospital Sisters Health System Occupation (for Individual) Vice President, External Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24082442
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Shashek, Mark, S., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9106 Fruit Road
 City Edwardsville State IL Zip Code 62025-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Hospital Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24082443
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Page, Keith, Allen, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6800 State Route 162
 City Maryville State IL Zip Code 62062-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24082459
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Beach, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 Boulder Sourt

City Chatham	State IL	Zip Code 62629
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Spectrum Health - Butterworth Hospital	Occupation (for Individual) Vice President Human Resources
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082460

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 200 Stahlhut Drive

City Lincoln	State IL	Zip Code 62656-5066
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Abraham Lincoln Memorial Hospital	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082461

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1800 Grist Mill Drive

City Springfield	State IL	Zip Code 62711-8113
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Memorial Health System	Occupation (for Individual) Vice President, Business Development
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082462

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 9875 Hospital Drive

City Maple Grove	State MN	Zip Code 55369-4648
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Maple Grove Hospital	Occupation (for Individual) Manager Postpartum/Newborn Nursery
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082463

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7435 West Talcott Avenue

City Chicago	State IL	Zip Code 60631-3707
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Presence Health	Occupation (for Individual) Chief Legal Officer and General Couns
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082474

Amount of Each Receipt this Period
250.00

Memo Item

C. Graham, David, B, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 North First Street

City Springfield	State IL	Zip Code 62781-0001
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Memorial Medical Center	Occupation (for Individual) Senior Vice President and Chief Inform
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24082475

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Grover, Angela, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7617 Vine Street
 City River Forest State IL Zip Code 60305-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Presence Health Occupation (for Individual) System Director of Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : 24082476
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Scott, Robert, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 North First Street
 City Springfield State IL Zip Code 62781-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Medical Center Occupation (for Individual) Vice President and Chief Human Resor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : 24082477
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Sebastian, Peggy, A, Ms., MBA, MSN,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12866 Troxler Avenue
 City Highland State IL Zip Code 62249-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HSHS St. Elizabeth's Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : 24082478
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Snyder, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2075 N. Oakley Ave
 City Chicago State IL Zip Code 60647-4100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Presence Health Occupation (for Individual) Vice President, External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : 24083946
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Johnson, Mitchell, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1612 Scarlett Place
 City Springfield State IL Zip Code 62704-8706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Health System Occupation (for Individual) Sr Vice President, Marketing & Plannin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : 24083963
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Rogers, Mitchell, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Hidden Mill Dr
 City Springfield State IL Zip Code 62711-6620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Medical Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : 24083967
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. O'Brien, Marie, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 977

City Bristol	State CT	Zip Code 06011-0977
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Bristol Hospital	Occupation (for Individual) Vice Chairman of the Board
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

Transaction ID : 24087300

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 80 Westcott Road

City Hillsborough	State NJ	Zip Code 08844-3444
----------------------	-------------	------------------------

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

Name of Employer (for Individual) JFK Health	Occupation (for Individual) Vice President Government Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : 24087737

Amount of Each Receipt this Period
227.50

Memo Item

C. Brenner, Robert, W., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Tennyson Drive

City Short Hills	State NJ	Zip Code 07078-1003
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley Health System	Occupation (for Individual) SVP and Chief Physician Executive
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : 24087738

Amount of Each Receipt this Period
227.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	805.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Kohli, Alka, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Cloverdale Road

City Lumberton	State NJ	Zip Code 08048-4102
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Inspira Health Network	Occupation (for Individual) Executive Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : 24087741

Amount of Each Receipt this Period

325.00

 Memo Item

B. Begley, Robyn, , Ms., DNP, RN, N
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1395 Backline Road

City Hammonton	State NJ	Zip Code 08037-2861
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : 24087744

Amount of Each Receipt this Period

227.50

 Memo Item

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

Mailing Address 27 Harvest Lane

City Livingston	State NJ	Zip Code 07039-2750
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President Continuing Care Service
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
221.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : 24087757

Amount of Each Receipt this Period

6.50

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	559.00
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 19 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Guerriero, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Alexander Road
 City Princeton State NJ Zip Code 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Jersey Hospital Association Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.20

Date of Receipt
 09 / 15 / 2017
Transaction ID : 24087759
 Amount of Each Receipt this Period 6.50
 Memo Item

B. Hopkins, Sean, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6180 Lower Mountain Road
 City New Hope State PA Zip Code 18938-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Jersey Hospital Association Sr. VP., Health Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 329.38

Date of Receipt
 09 / 15 / 2017
Transaction ID : 24087760
 Amount of Each Receipt this Period 6.50
 Memo Item

C. Lavins, David, P., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Fox Chase Road
 City Malvern State PA Zip Code 19355-3441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Jersey Hospital Association Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 431.18

Date of Receipt
 09 / 15 / 2017
Transaction ID : 24087763
 Amount of Each Receipt this Period 6.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	19.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 4 Poppy Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : 24087767

Amount of Each Receipt this Period
6.50

Memo Item

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

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
439.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : 24087769

Amount of Each Receipt this Period
6.50

Memo Item

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

Mailing Address 46 Cypress Lane

City West Creek	State NJ	Zip Code 08092-2839
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24089358

Amount of Each Receipt this Period
650.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	663.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Diestel, Peter, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 279 Brookside Avenue
 City Allendale State NJ Zip Code 07401-1848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Health System Occupation (for Individual) Senior Vice President and Chief Operat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 09 / 01 / 2017
Transaction ID : 24089364
 Amount of Each Receipt this Period 227.50
 Memo Item

B. Edelstein, Theresa, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Harvest Lane
 City Livingston State NJ Zip Code 07039-2750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President Continuing Care Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.50

Date of Receipt 09 / 01 / 2017
Transaction ID : 24089366
 Amount of Each Receipt this Period 19.50
 Memo Item

C. Guerriero, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Alexander Road
 City Princeton State NJ Zip Code 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.70

Date of Receipt 09 / 01 / 2017
Transaction ID : 24089369
 Amount of Each Receipt this Period 33.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	280.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 145
	<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)
American Hospital Association PAC

A. Hirsch, Leslie, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Pocono Road

City Denville	State NJ	Zip Code 07834-2954
------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Peter's University Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24089370

Amount of Each Receipt this Period
130.00

Memo Item

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

Mailing Address 6180 Lower Mountain Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24089371

Amount of Each Receipt this Period
33.05

Memo Item

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

Mailing Address 71 Cliveden Drive

City Newtown	State PA	Zip Code 18940-4202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hunterdon Medical Center	Occupation (for Individual) Chief Financial Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24089375

Amount of Each Receipt this Period
325.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	488.05
TOTAL This Period (last page this line 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 23 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
424.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24089376

Amount of Each Receipt this Period
46.58

Memo Item

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

Mailing Address 4 Poppy Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24089381

Amount of Each Receipt this Period
19.50

Memo Item

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

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
432.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24089383

Amount of Each Receipt this Period
46.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Owl-Smith, Frances, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 1969

City Bryson City	State NC	Zip Code 28713-4969
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Cherokee Indian Hospital	Occupation (for Individual) Trustee
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

Transaction ID : 24091513

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1209 Takara Court

City Saint Louis	State MO	Zip Code 63131-1013
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SSM Cardinal Glennon Children's Hospit	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2017

Transaction ID : 24091515

Amount of Each Receipt this Period
650.00

Memo Item

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

Mailing Address 5230 Waterford St

City Casper	State WY	Zip Code 82609-3394
----------------	-------------	------------------------

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

Name of Employer (for Individual) Wyoming Medical Center	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

Transaction ID : 24091516

Amount of Each Receipt this Period
350.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 1128

City Jefferson City	State MO	Zip Code 65102-1128
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Capital Region Medical Center	Occupation (for Individual) Board Member
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 24091518

Amount of Each Receipt this Period
250.00

Memo Item

B. Mainster, Harris, , Mr., DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 Ponvalley Road

City Bloomfield	State MI	Zip Code 48302-2831
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Beaumont Hospital - Farmington Hills	Occupation (for Individual) Trustee
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : 24091520

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 1512 Applecroft Lane

City Cockeysville	State MD	Zip Code 21030-1626
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MedStar Union Memorial Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24091535

Amount of Each Receipt this Period
255.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	855.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Hoban, Nora, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8620 Stonehouse Drive
 City Ellicott City State MD Zip Code 21043-1954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maryland Hospital Association Occupation (for Individual) Senior Vice President, Policy & Data A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : 24091550
 Amount of Each Receipt this Period
 510.00
 Memo Item

B. Mangione, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2514 Proctor Lane
 City Baltimore State MD Zip Code 21234-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Hospital Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : 24091558
 Amount of Each Receipt this Period
 340.00
 Memo Item

C. Ross, Samuel, Lee, Dr., MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11267 Independence Way
 City Ellicott City State MD Zip Code 21042-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Baltimore Health System Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : 24091563
 Amount of Each Receipt this Period
 255.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Scheeler, Charles, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 704 Stone Barn Court

City Towson	State MD	Zip Code 21286-1416
----------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins Bayview Medical Center	Occupation (for Individual) Trustee
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24091565

Amount of Each Receipt this Period
510.00

Memo Item

B. Schultz, Jacky, , Ms., MSN, RN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11302 Morning Gate Dr

City Rockville	State MD	Zip Code 20852-3126
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Suburban Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24091566

Amount of Each Receipt this Period
255.00

Memo Item

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

Mailing Address 1203 Waterton CT

City Pasadena	State MD	Zip Code 21122-2364
------------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins Bayview Medical Center	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24091572

Amount of Each Receipt this Period
255.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1020.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Deering, Anthony, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3907 North Charles St.

City Baltimore	State MD	Zip Code 21218-1733
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins Health System	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

Transaction ID : 24091577

Amount of Each Receipt this Period
255.00

Memo Item

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

Mailing Address 909 Eastgate Court

City Lavale	State MD	Zip Code 21502-1811
----------------	-------------	------------------------

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

Name of Employer (for Individual) Western Maryland Regional Medical Cent	Occupation (for Individual) Senior Vice President and Chief Medical Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

Transaction ID : 24091579

Amount of Each Receipt this Period
255.00

Memo Item

C. Adams, Nancy, D., Mrs., RN, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 327 Fisher Drive

City Cumberland	State MD	Zip Code 21502-6372
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Western Maryland Regional Medical Cent	Occupation (for Individual) Senior Vice President Chief Operating Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24091589

Amount of Each Receipt this Period
255.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	765.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Chambers, Bradley, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1512 Applecroft Lane

City Cockeysville	State MD	Zip Code 21030-1626
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MedStar Union Memorial Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24091600

Amount of Each Receipt this Period
255.00

Memo Item

B. Ronan, Barry, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15119 Trailbridge Road, SW

City Cumberland	State MD	Zip Code 21502-5846
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Western Maryland Regional Medical Cent	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24091638

Amount of Each Receipt this Period
255.00

Memo Item

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

Mailing Address 1203 Marianaview Drive

City Arnold	State MD	Zip Code 21012-1885
----------------	-------------	------------------------

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

Name of Employer (for Individual) Anne Arundel Medical Center	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : 24091648

Amount of Each Receipt this Period
510.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1020.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Bennett, Richard, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Poplar Hill Road
 City Baltimore State MD Zip Code 21210-1224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Bayview Medical Center Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 15 / 2017
Transaction ID : 24091649
 Amount of Each Receipt this Period 510.00
 Memo Item

B. Klein, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 W. Jarrettsville Rd.
 City Forest Hill State MD Zip Code 21050-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Upper Chesapeake Health System Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 15 / 2017
Transaction ID : 24091661
 Amount of Each Receipt this Period 510.00
 Memo Item

C. Levine, Stuart, M., Dr., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Morrisway Road
 City Owings Mills State MD Zip Code 21117-2139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Harbor Hospital Occupation (for Individual) President and CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 15 / 2017
Transaction ID : 24091662
 Amount of Each Receipt this Period 255.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Szumel, Richard, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3217 Swarthmore Road
 City Wilmington State DE Zip Code 19807-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 15 / 2017
Transaction ID : 24091677
 Amount of Each Receipt this Period 255.00
 Memo Item

B. Brown, Patricia, M.C., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 Boone Trail
 City Severna Park State MD Zip Code 21146-4535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Health System Occupation (for Individual) SVP, Managed Care & Population Hea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24091687
 Amount of Each Receipt this Period 255.00
 Memo Item

C. Chessare, John, B, Dr., MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5601 Waycrest Lane
 City Baltimore State MD Zip Code 21210-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Baltimore Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24091690
 Amount of Each Receipt this Period 510.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1020.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Forde, Terry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17017 Clear Creek Drive
 City Silver Spring State MD Zip Code 20905-5143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adventist HealthCare Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24091701
 Amount of Each Receipt this Period
 255.00
 Memo Item

B. Higdon, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Calvary Court
 City Lutherville State MD Zip Code 21093-3956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peninsula Regional Medical Center Occupation (for Individual) Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24091707
 Amount of Each Receipt this Period
 510.00
 Memo Item

C. Olscamp, Karen, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Park Pl. Apt 729
 City Annapolis State MD Zip Code 21401-3470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Baltimore Washi Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24091724
 Amount of Each Receipt this Period
 255.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Peterson, Ronald, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1403 Lytham Court

City Bel Air	State MD	Zip Code 21015-5691
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins Health System	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24091727

Amount of Each Receipt this Period
255.00

Memo Item

B. Rommell, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20302 Silver Lake Dr.

City Rehoboth Beach	State DE	Zip Code 19971-2051
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Peninsula Regional Medical Center	Occupation (for Individual) Board Member
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24091735

Amount of Each Receipt this Period
255.00

Memo Item

C. Schultz, Jacky, , Ms., MSN, RN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11302 Morning Gate Dr

City Rockville	State MD	Zip Code 20852-3126
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Suburban Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24091736

Amount of Each Receipt this Period
102.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	612.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Simmons, Leslie, , Ms., BSN, FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3896 Old Hanover Road
 City Westminster State MD Zip Code 21158-2122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carroll Hospital Center Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24091739
 Amount of Each Receipt this Period 255.00
 Memo Item

B. Bowers, Michael, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1289 Lay Road
 City Saint Louis State MO Zip Code 63124-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SSM Health St. Joseph - St. Charles Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 05 / 2017
Transaction ID : 24091751
 Amount of Each Receipt this Period 450.00
 Memo Item

C. Pulsipher, Gary, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2613 Waters Edge Blvd.
 City Joplin State MO Zip Code 64801-8203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Hospital Joplin Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 05 / 2017
Transaction ID : 24091760
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	730.00
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 35 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. VanConia, R, Brent, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3525 Gettysburg Place
 City Jefferson City State MO Zip Code 65109-6831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SSM Health St. Mary's Hospital - Jeffe Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 05 / 2017
Transaction ID : 24091764
 Amount of Each Receipt this Period 225.00
 Memo Item

B. Baker, Paula, F, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3820 Old Orchard Road
 City Joplin State MO Zip Code 64804-8008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Health System Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2017
Transaction ID : 24091767
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Flowers, Shari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15822 Emiline Street
 City Omaha State NE Zip Code 68136-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Health System Occupation (for Individual) Vice President of Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2017
Transaction ID : 24091937
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Francis, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19258 Walnut St

City Omaha	State NE	Zip Code 68130-3766
---------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Jennie Edmundson Hospital	Occupation (for Individual) Vice President Finance and Chief Finan
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

Transaction ID : 24091938

Amount of Each Receipt this Period
175.00

Memo Item

B. Goeser, Stephen, L, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17703 Jones St

City Omaha	State NE	Zip Code 68118-3525
---------------	-------------	------------------------

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

Name of Employer (for Individual) Nebraska Methodist Hospital	Occupation (for Individual) Executive Vice President and Chief Op
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

Transaction ID : 24091941

Amount of Each Receipt this Period
250.00

Memo Item

C. Naiberk, Donald, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 O St

City David City	State NE	Zip Code 68632-2116
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Butler County Health Care Center	Occupation (for Individual) Administrator
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

Transaction ID : 24091953

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6518 SW 26th Court

City Topeka	State KS	Zip Code 66614-4305
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 24091984

Amount of Each Receipt this Period
153.84

Memo Item

B. Baker, Reta, K, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 985 225th St.

City Fort Scott	State KS	Zip Code 66701-8797
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 24091985

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 911 N. 1464 Rd.

City Lawrence	State KS	Zip Code 66049-9184
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kansas Hospital Association	Occupation (for Individual) SVP Healthcare Strategy & Planning
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 24091988

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	903.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Concannon, Craig, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 921 N. Mill

City Beloit	State KS	Zip Code 67420-1751
----------------	-------------	------------------------

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

Name of Employer (for Individual) Kansas Hospital Association	Occupation (for Individual) Board Member
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 24091993

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 215 SE 8th Street

City Topeka	State KS	Zip Code 66603-3906
----------------	-------------	------------------------

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

Name of Employer (for Individual) Kansas Hospital Association	Occupation (for Individual) Director of Financial Advocacy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 24091997

Amount of Each Receipt this Period
76.92

Memo Item

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

Mailing Address 224 N. Fourth

City Osborne	State KS	Zip Code 67473-1912
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Nemaha Valley Community Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 24091999

Amount of Each Receipt this Period
262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	839.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Poage, Steven, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 SW Alameda
 City Topeka State KS Zip Code 66614-5109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas Hospital Association Occupation (for Individual) Vice President/CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2017
Transaction ID : 24092019
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Adams, Cynthia, D, Dr., PhD, RN, A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1925 Culbertson Rd
 City Shelbyville State IN Zip Code 46176-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Vincent Health Occupation (for Individual) System Chief Nurse Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2017
Transaction ID : 24092069
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dillard, Denise, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3655 Washington Street
 City Gary State IN Zip Code 46408-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospitals Occupation (for Individual) Vice President Government and Externa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2017
Transaction ID : 24092085
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Harmon, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15430 Long Cove Boulevard
 City Carmel State IN Zip Code 46033-8106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Vincent Health Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2017
Transaction ID : 24092093
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Heydon, Larry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5231 Nottinghill Ct.
 City Greenwood State IN Zip Code 46143-9830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johnson Memorial Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2017
Transaction ID : 24092097
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Janssen, Paul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Hosier Drive
 City New Castle State IN Zip Code 47362-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Community Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2017
Transaction ID : 24092101
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Laue, Jerry, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4700 N. State Road 59

City Brazil	State IN	Zip Code 47834-7459
----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Vincent Clay Hospital	Occupation (for Individual) Administrator
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24092113

Amount of Each Receipt this Period
250.00

Memo Item

B. McCoy, Shawn, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 S. Roosevelt Drive

City Evansville	State IN	Zip Code 47714-1630
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24092123

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 7470 Broadleaf Lane

City Fishers	State IN	Zip Code 46038-1852
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Vincent Indianapolis Hospital	Occupation (for Individual) Vice President, Finance
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24092125

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6906 S. Five Points Road

City Indianapolis	State IN	Zip Code 46259-9754
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbus Regional Hospital	Occupation (for Individual) Vice President and Chief Financial Off
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24092146

Amount of Each Receipt this Period
500.00

Memo Item

B. Foster, Eddie, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Woodgreen Crossing

City Madison	State MS	Zip Code 39110-4522
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MHA Solutions, Inc.	Occupation (for Individual) President/CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : 24092163

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address P O Box 948

City Brookhaven	State MS	Zip Code 39602-0948
--------------------	-------------	------------------------

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

Name of Employer (for Individual) King's Daughters Medical Center	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : 24092166

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 43 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6051 U S Highway 49

City Hattiesburg	State MS	Zip Code 39401-7200
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

Transaction ID : 24092167

Amount of Each Receipt this Period
1250.00

Memo Item

B. Deschene, Normand, E, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 295 Varnum Avenue

City Lowell	State MA	Zip Code 01854-2134
----------------	-------------	------------------------

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

Name of Employer (for Individual) Lowell General Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24092185

Amount of Each Receipt this Period
800.00

Memo Item

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

Mailing Address 125 Airport Road

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

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
773.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

Transaction ID : 24092307

Amount of Each Receipt this Period
45.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2095.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 544 Upper Straw Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
386.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

Transaction ID : 24092308

Amount of Each Receipt this Period
22.75

Memo Item

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

Mailing Address 283 Gallopinoy Hill Road

City Hopkinton	State NH	Zip Code 03229-3402
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) V.P., Finance and Rural Hospitals
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
283.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

Transaction ID : 24092309

Amount of Each Receipt this Period
16.70

Memo Item

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

Mailing Address 125 Airport Road

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

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

Transaction ID : 24092319

Amount of Each Receipt this Period
45.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Bizarro-Thunberg, Kathleen, A, Ms., MBA, FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 544 Upper Straw Rd
 City Hopkinton State NH Zip Code 03229-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Hampshire Hospital Association Occupation (for Individual) Executive Vice President Federal Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.50

Date of Receipt 09 / 12 / 2017
Transaction ID : 24092320
 Amount of Each Receipt this Period 22.75
 Memo Item

B. Minnehan, Paula, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 283 Gallopiny Hill Road
 City Hopkinton State NH Zip Code 03229-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Hampshire Hospital Association Occupation (for Individual) V.P., Finance and Rural Hospitals
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.60

Date of Receipt 09 / 12 / 2017
Transaction ID : 24092321
 Amount of Each Receipt this Period 16.70
 Memo Item

C. Schley, Kurt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E Broadway Ave
 City Bismarck State ND Zip Code 58501-4520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI St. Alexius Health Occupation (for Individual) Market Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 09 / 12 / 2017
Transaction ID : 24092345
 Amount of Each Receipt this Period 330.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	369.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Shields, Charlie, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Lee's Summit Road

City Kansas City	State MO	Zip Code 64139-1236
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Truman Medical Center-Hospital Hill	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

Transaction ID : 24092352

Amount of Each Receipt this Period
1000.00

Memo Item

B. Doolittle, Jon, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3196 580th Road

City Albany	State MO	Zip Code 64402-8254
----------------	-------------	------------------------

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

Name of Employer (for Individual) Northwest Medical Center	Occupation (for Individual) Regional President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

Transaction ID : 24092354

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 450 Eastvold Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
502.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : 24092366

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1365.00
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 47 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Cooper, Chad, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Bunker Hill Drive
 City Aitkin State MN Zip Code 56431-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverwood Healthcare Center Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24092367
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Rogers, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 489
 City Webster State SD Zip Code 57274-0489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortonville Area Health Services Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24092369
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Pitter, Nicola, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10597 John Ayers Dr
 City Fairfax State VA Zip Code 22032-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inova Health System Occupation (for Individual) VP Managed Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 05 / 2017
Transaction ID : 24092383
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Stangeland, Stuart, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6020 South Overlook Trail

City Springfield	State MO	Zip Code 65810-1942
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Hospital Springfield	Occupation (for Individual) Senior Vice President/COO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24092397

Amount of Each Receipt this Period
350.00

Memo Item

B. Hubbard, Brent, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5128 S. Woolfield Pl

City Springfield	State MO	Zip Code 65810-2279
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Hospital Springfield	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24092399

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 12605 East 16th Avenue

City Aurora	State CO	Zip Code 80045-2545
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Colorado Hospital	Occupation (for Individual) Chief Medical Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

Transaction ID : 24096925

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 106 Blanca Avenue

City Alamosa	State CO	Zip Code 81101-2340
-----------------	-------------	------------------------

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

Name of Employer (for Individual) San Luis Valley Health	Occupation (for Individual) Lab Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2017

Transaction ID : 24099417

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 289 County Road

City Windsor	State VT	Zip Code 05089-9000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Lakes Region General Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

Transaction ID : 24099451

Amount of Each Receipt this Period
350.00

Memo Item

C. Greimann, Alan, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 690 Petunia

City Camdenton	State MO	Zip Code 65020-4347
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Royal Oaks Hospital	Occupation (for Individual) Administrator
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24099868

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3313 Crystal Lake Drive

City Festus	State MO	Zip Code 63028-4274
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : 24099870

Amount of Each Receipt this Period
650.00

Memo Item

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

Mailing Address PO Box 25

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24118690

Amount of Each Receipt this Period
210.00

Memo Item

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

Mailing Address P O Box 13367

City Roanoke	State VA	Zip Code 24033-3367
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Carilion Roanoke Memorial Hospital	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24118695

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Bankston, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5345 Chaucer's Ct.
 City Roanoke State VA Zip Code 24018-4600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centra Health, Inc. Occupation (for Individual) VP Operations-Centra Med Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 287.50

Date of Receipt 09 / 11 / 2017
Transaction ID : 24118866
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Clark, Ben, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Atherholt Road
 City Lynchburg State VA Zip Code 24501-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centra Lynchburg General Hospital Occupation (for Individual) Vice President and Chief Information O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24118868
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Scott, Gary, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4656 Afton Lane
 City Roanoke State VA Zip Code 24012-8700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2017
Transaction ID : 24118873
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	410.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Armentrout, Jeanne, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8310 Cardington Drive
 City Roanoke State VA Zip Code 24019-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) SVP/Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2017
Transaction ID : 24118874
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Nussbaum, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Crescent Ridge Dr SW
 City Roanoke State VA Zip Code 24018-3700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2017
Transaction ID : 24118877
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Santry, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Park Ave
 City Herndon State VA Zip Code 20170-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inova Health System Occupation (for Individual) Senior Vice President Business Develop
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24118893
 Amount of Each Receipt this Period 450.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 5125 Remington Drive

City Alexandria	State VA	Zip Code 22309-3339
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Inova Loudoun Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24118894

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 600 Gresham Drive

City Norfolk	State VA	Zip Code 23507-1904
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Norfolk General Hospital	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24118896

Amount of Each Receipt this Period
142.50

Memo Item

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

Mailing Address 200 Medical Park Boulevard

City Petersburg	State VA	Zip Code 23805-9274
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara RMH Medical Center	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24118902

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	742.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2814 Northlake Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
937.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24118907

Amount of Each Receipt this Period
187.50

Memo Item

B. Kose, William, H, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4578 TR 25

City Rawson	State OH	Zip Code 45881-9720
----------------	-------------	------------------------

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

Name of Employer (for Individual) Blanchard Valley Hospital	Occupation (for Individual) Chief Quality Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

Transaction ID : 24118945

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 8620 Ivy Trails

City Cincinnati	State OH	Zip Code 45244
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Christ Hospital	Occupation (for Individual) VP/Chief Marketing Officer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

Transaction ID : 24118946

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	687.50
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 55 OF 145
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Hackstedde, Anita, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1995 East State Street
 City Salem State OH Zip Code 44460-2423
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Salem Regional Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2017
Transaction ID : 24118947
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Malaney, Scott, C, Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 South Main Street
 City Findlay State OH Zip Code 45840-1214
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blanchard Valley Health System Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2017
Transaction ID : 24118948
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Goble, Mandy, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Palmer Avenue
 City Bellefontaine State OH Zip Code 43311-2298
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Mary Rutan Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2017
Transaction ID : 24118949
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Arnett, Randal, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 27th Street
 City Portsmouth State OH Zip Code 45662-2400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Ohio Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2017
Transaction ID : 24118950
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Keating, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2139 Auburn Avenue
 City Cincinnati State OH Zip Code 45219-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christ Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2017
Transaction ID : 24118951
 Amount of Each Receipt this Period 500.00
 Memo Item

c. McNaughton, Jarrod, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4985 Walnut Walk
 City Kettering State OH Zip Code 45429-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kettering Health Network Occupation (for Individual) Vice President, Mission & Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 21 / 2017
Transaction ID : 24118952
 Amount of Each Receipt this Period 750.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ash, Richard, M, Mr.,			Date of Receipt MM / DD / YYYY 09 / 28 / 2017 Transaction ID : 24119023
Mailing Address 450 Eastvold Avenue			Amount of Each Receipt this Period 90.00
City Ortonville	State MN	Zip Code 56278-1252	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) United Hospital District	Occupation (for Individual) Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.50		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barstad, Stacy, , Ms.,			Date of Receipt MM / DD / YYYY 09 / 28 / 2017 Transaction ID : 24119024
Mailing Address P O Box 188			Amount of Each Receipt this Period 65.00
City Westbrook	State MN	Zip Code 56183-0188	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Sanford Tracy Medical Center	Occupation (for Individual) Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Braband, Jon, D, Mr.,			Date of Receipt MM / DD / YYYY 09 / 28 / 2017 Transaction ID : 24119025
Mailing Address 1805 Hennepin Avenue North			Amount of Each Receipt this Period 300.00
City Glencoe	State MN	Zip Code 55336-1416	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Glencoe Regional Health Services	Occupation (for Individual) President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional).....▶	455.00
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 58 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Broman, Craig, J, Mr., MHA, FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1406 Sixth Avenue North

City Saint Cloud	State MN	Zip Code 56303-1901
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Cloud Hospital	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : 24119026

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 1406 6th Avenue North

City Saint Cloud	State MN	Zip Code 56303-1901
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Cloud Hospital	Occupation (for Individual) Care Center Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : 24119028

Amount of Each Receipt this Period
175.00

Memo Item

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

Mailing Address 2550 University Avenue W.
Suite 350-S

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : 24119029

Amount of Each Receipt this Period
1100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Loncorich, Kristin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City Saint Paul State MN Zip Code 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) Director of State Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.12

Date of Receipt 09 / 28 / 2017
Transaction ID : 24119031
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Maertens, Mary, B, Ms., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 South Bruce Street
 City Marshall State MN Zip Code 56258-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera Marshall Regional Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt 09 / 28 / 2017
Transaction ID : 24119032
 Amount of Each Receipt this Period 80.00
 Memo Item

c. Delapa, Joseph, M., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 809
 City Proctorville State OH Zip Code 45669-0809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cabell Huntington Hospital Occupation (for Individual) Pain Management Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119036
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ozturk, Ahmet, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2115 Wilshire Blvd.
 City Huntington State WV Zip Code 25701-5344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cabell Huntington Hospital Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119039
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gjolberg, Skip, , Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 536 Annie Oakley Road
 City Buckhannon State WV Zip Code 26201-9539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Joseph's Hospital of Buckhannon Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119092
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Campbell, Todd, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Water Side Circle
 City Winfield State WV Zip Code 25213-9551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Mary's Medical Center Occupation (for Individual) Senior Vice President and Chief Operat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119094
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 145
	<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)
American Hospital Association PAC

A. Gregory, Tony, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1158 Creekstone Ridge
 City South Charleston State WV Zip Code 25309-9473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Virginia Hospital Association Occupation (for Individual) VP Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119098
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Washington, Glen, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14267 State Route 243
 City Chesapeake State OH Zip Code 45619-8708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pleasant Valley Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119099
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hess, David, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Renaissance Way
 City Wheeling State WV Zip Code 26003-4867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reynolds Memorial Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119103
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 145
	<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)
American Hospital Association PAC

A. Touma, Joseph, B., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2970 Staunton Road
 City Huntington State WV Zip Code 25702-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cabell Huntington Hospital Occupation (for Individual) Medical Director Balance Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119105
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McClure, David, K, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 57th Street
 City Vienna State WV Zip Code 26105-3244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camden Clark Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119106
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Assaley, Joseph, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Private Drive 255
 City Chesapeake State OH Zip Code 45619-8166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cabell Huntington Hospital Occupation (for Individual) Director CHH Women's Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119110
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Swearingen, Angela, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3788 Blue Sulphur Road
 City Ona State WV Zip Code 25545-9760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pallottine Health Services Occupation (for Individual) Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119111
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Evans, Joseph, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 10th Avenue
 City Huntington State WV Zip Code 25701-2725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cabell Huntington Hospital Occupation (for Individual) Chair Dept. of Pediatrics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119118
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kern, Cindy, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Kern Road
 City Waterford State OH Zip Code 45786-5190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camden Clark Medical Center Occupation (for Individual) VP Quality & Patient Safety
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119123
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. McGraw, Daniel, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5227 Glenbrook Drive
 City Vienna State WV Zip Code 26105-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camden Clark Medical Center Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2017
Transaction ID : 24119124
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Massa, Lawrence, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2550 University Avenue West Suite 350-S
 City Saint Paul State MN Zip Code 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1780.00

Date of Receipt 09 / 28 / 2017
Transaction ID : 24119160
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Nelson, David, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 St Francis Drive
 City Breckenridge State MN Zip Code 56520-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI St. Francis Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 28 / 2017
Transaction ID : 24119161
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 301 Becker Avenue SW

City Willmar	State MN	Zip Code 56201-3302
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rice Memorial Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : 24119164

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 559 Capitol Blvd 6-South

City Saint Paul	State MN	Zip Code 55103-2101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Minnesota Hospital Association	Occupation (for Individual) Senior Director, Quality and Process I
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : 24119165

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 915 East First Street

City Duluth	State MN	Zip Code 55805-2193
----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Luke's Hospital	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : 24119166

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Vaagenes, Carl, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 17th Avenue East
 City Alexandria State MN Zip Code 56308-5273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Douglas County Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 28 / 2017
Transaction ID : 24119167
 Amount of Each Receipt this Period 70.00
 Memo Item

B. Walczyk-Joers, Barbara, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 East University Avenue
 City Saint Paul State MN Zip Code 55101-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gillette Children's Specialty Healthca Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt 09 / 28 / 2017
Transaction ID : 24119168
 Amount of Each Receipt this Period 135.00
 Memo Item

C. Bradley, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3215 North Hills Boulevard
 City Fayetteville State AR Zip Code 72703-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington Regional Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 09 / 25 / 2017
Transaction ID : 24119192
 Amount of Each Receipt this Period 227.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	432.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Crain, Greg, , Mr., FACHE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9601 Interstate 630, Exit 7

City Little Rock	State AR	Zip Code 72205-7202
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24119193

Amount of Each Receipt this Period
227.50

Memo Item

B. Gehrig, Ryan, , Mr.,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 South 79th Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24119199

Amount of Each Receipt this Period
325.00

Memo Item

C. Gentry, Lee, , Mr., FACHE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9601 Interstate 630, Exit 7

City Little Rock	State AR	Zip Code 72205-7202
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Health Extended Care Hospital	Occupation (for Individual) Vice President and Administrator
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24119200

Amount of Each Receipt this Period
227.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Harrington, Russell, D, Mr., Jr FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9601 Interstate 630, Exit 7

City Little Rock	State AR	Zip Code 72205-7202
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Baptist Health		Occupation (for Individual) President Emeritus and Senior Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24119201

Amount of Each Receipt this Period

227.50

 Memo Item

B. Heard, John, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 351

City McGehee	State AR	Zip Code 71654-0351
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) McGehee-Desha County Hospital		Occupation (for Individual) Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24119202

Amount of Each Receipt this Period

227.50

 Memo Item

C. Davis, Susan, L, Dr., RN, EdD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Peakes Point Dr

City Gulf Breeze	State FL	Zip Code 32561-4127
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Sacred Heart Hospital Pensacola		Occupation (for Individual) Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24119204

Amount of Each Receipt this Period

1500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1955.00
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 69 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Fernandez, Aurelio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 SW 172nd Avenue
 City Miramar State FL Zip Code 33029-5592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Healthcare System Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24119205
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Griffin, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 NE Ivanhoe Blvd
 City Orlando State FL Zip Code 32804-5953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Hospital Occupation (for Individual) Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : 24119207
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Peterson, Ron, , Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 Hospital Drive
 City Mountain Home State AR Zip Code 72653-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baxter Regional Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24119209
 Amount of Each Receipt this Period 325.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Rupp, Robert, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 788
 City Helena State AR Zip Code 72342-0788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center of South Arkansas Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24119210
 Amount of Each Receipt this Period 325.00
 Memo Item

B. Stubblefield, Greg, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3050 Twin Rivers Dr.
 City Arkadelphia State AR Zip Code 71923-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Health Medical Center-Little R Occupation (for Individual) Vice President and Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 09 / 25 / 2017
Transaction ID : 24119212
 Amount of Each Receipt this Period 227.50
 Memo Item

C. Troup, Matthew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 College Avenue
 City Conway State AR Zip Code 72034-6297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Conway Regional Medical Center Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24119213
 Amount of Each Receipt this Period 325.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	877.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Wright, Debra, J, Ms., RN, MSBA

Mailing Address 205 Country Club Rd

City Nashville	State AR	Zip Code 71852-7502
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Howard Memorial Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24119215

Amount of Each Receipt this Period
325.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hansen, Maggie, , Ms., BSN, RN

Mailing Address 10113 NW 68th Court

City Parkland	State FL	Zip Code 33076-2905
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24119234

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Houmann, Lars, D, Mr.,

Mailing Address 601 East Rollins Street

City Orlando	State FL	Zip Code 32803-1248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Adventist Health System Sunbelt Health	Occupation (for Individual) Chief Operating 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
09		11		2017

Transaction ID : 24119235

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Keeley, Brian, E, Mr.,		Date of Receipt MM / DD / YYYY 09 / 11 / 2017
Mailing Address 6855 Red Road, Suite 600		Transaction ID : 24119236
City Coral Gables	State FL	Zip Code 33143-3632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Baptist Health South Florida	Occupation (for Individual) President and Chief Executive Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kolosky, John, A, Mr.,		Date of Receipt MM / DD / YYYY 09 / 11 / 2017
Mailing Address 12902 Magnolia Drive		Transaction ID : 24119239
City Tampa	State FL	Zip Code 33612-9497
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) H. Lee Moffitt Cancer Center and Resea	Occupation (for Individual) Executive Vice President and Chief Op	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lord, Robert, L, Mr.,		Date of Receipt MM / DD / YYYY 09 / 11 / 2017
Mailing Address 1050 SW Chapman Way		Transaction ID : 24119240
City Palm City	State FL	Zip Code 34990-2473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Martin Health System	Occupation (for Individual) President and Chief Executive Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Smith, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Johnson Street

City Hollywood	State FL	Zip Code 33021-5421
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Memorial Regional Hospital	Occupation (for Individual) Chief Financial Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24119241

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3709 Pine Street

City Jacksonville	State FL	Zip Code 32205-9418
----------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Vincent's Medical Center Riverside	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 24119242

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1514 Jefferson Highway

City New Orleans	State LA	Zip Code 70121-2429
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Health System	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120067

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Hellyer, Nancy, R, Ms., RN, FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 Masonic Drive
 City Alexandria State LA Zip Code 71301-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHRISTUS St. Frances Cabrini Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120068
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Barrett, Coletta, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 Hennessy Boulevard
 City Baton Rouge State LA Zip Code 70808-4375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Our Lady of the Lake Regional Medical Occupation (for Individual) Vice President Mission
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120069
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Bridwell, Kevin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9521 Brookline Ave.
 City Baton Rouge State LA Zip Code 70809-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana Hospital Association Occupation (for Individual) Vice President of Healthcare Reimburse
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120070
 Amount of Each Receipt this Period 750.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Callecod, David, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1214 Coolidge Boulevard
 City Lafayette State LA Zip Code 70503-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lafayette General Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120071
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Cochran, Kenneth, J., Mr., DSC, RN, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1389
 City Opelousas State LA Zip Code 70571-1389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Opelousas General Health System Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120072
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Jeter, Patricia, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9521 Brookline Avenue
 City Baton Rouge State LA Zip Code 70809-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana Hospital Association Occupation (for Individual) Senior Vice President & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120073
 Amount of Each Receipt this Period 965.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2465.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Wester, K, Scott, Mr., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 Hennessy Boulevard
 City Baton Rouge State LA Zip Code 70808-4375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Our Lady of the Lake Regional Medical Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120074
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Daigle, Charles, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Greenwood Road
 City Shreveport State LA Zip Code 71103-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Willis-Knighton Health System Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120075
 Amount of Each Receipt this Period 562.50
 Memo Item

C. Alexander, Kenneth, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9521 Brookline Avenue
 City Baton Rouge State LA Zip Code 70809-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana Hospital Association Occupation (for Individual) VP, Quality and Regulatory Activities
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120076
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2312.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Andrews, Susan, E., Ms., MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Foucher Street
 City New Orleans State LA Zip Code 70115-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro Infirmary Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120077
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Bateman, Bryan, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4200 Nelson Road
 City Lake Charles State LA Zip Code 70605-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHRISTUS Lake Area Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120078
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Cassagne, Nancy, R, Ms., FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Medical Center Boulevard
 City Marrero State LA Zip Code 70072-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Jefferson Medical Center Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120079
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Cathey, James, E., Mr, Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15790 Paul Vega MD Drive

City Hammond	State LA	Zip Code 70403-1434
-----------------	-------------	------------------------

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

Name of Employer (for Individual) North Oaks Health System	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120080

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2450 Severn Avenue

City Metairie	State LA	Zip Code 70001-1931
------------------	-------------	------------------------

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

Name of Employer (for Individual) Metropolitan Hospital Council of New O	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120081

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2600 Greenwood Road

City Shreveport	State LA	Zip Code 71103-3908
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Willis-Knighton Health System	Occupation (for Individual) Senior Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120083

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Wolkart, Kristin, , Ms., MHA, NEA-B
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1901

City Monroe	State LA	Zip Code 71210-1901
----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Francis Medical Center	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120084

Amount of Each Receipt this Period
500.00

Memo Item

B. Wright, Stephen, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3330 Masonic Drive

City Alexandria	State LA	Zip Code 71301-3841
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CHRISTUS St. Frances Cabrini Hospital	Occupation (for Individual) Senior Vice President Group Operation
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120085

Amount of Each Receipt this Period
500.00

Memo Item

C. Robinson, Stephen, , Mr., Jr FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 180 West Esplanade Avenue

City Kenner	State LA	Zip Code 70065-2467
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120086

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. DiGerolamo, Anthony, , Mr., RN, MSN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Medical Center Blvd
 City Marrero State LA Zip Code 70072-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Charles Parish Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120087
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Gaines, David, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health System Occupation (for Individual) CEO, System Retail Svcs & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120099
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Burgess, Robert, L., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 West Highway 30
 City Gonzales State LA Zip Code 70737-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Elizabeth Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120100
 Amount of Each Receipt this Period 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Coco, Jeffrey, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 Read Boulevard
 City New Orleans State LA Zip Code 70127-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro Infirmary Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120101
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Elgarcio, David, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Foucher Street
 City New Orleans State LA Zip Code 70115-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro Infirmary Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120102
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Sullivan, Danita, S, Ms., BSN, MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 S Peters St Apt 616
 City New Orleans State LA Zip Code 70130-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro Infirmary Occupation (for Individual) Chief Nursing Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120103
 Amount of Each Receipt this Period 375.00
 Memo Item

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: (check only one)	PAGE 82 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 12605 East 16th Avenue

City Aurora	State CO	Zip Code 80045-2545
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Colorado Hospital	Occupation (for Individual) Chief Operating Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : 24120122

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 617 Casey Drive

City Mandeville	State LA	Zip Code 70471-6713
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Charles Memorial Hospital	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120126

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 2700 Napoleon Avenue

City New Orleans	State LA	Zip Code 70115-6914
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120127

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Barrow, William, F, Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 730
 City Deridder State LA Zip Code 70634-0730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Beauregard Memorial Hospital Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 25 / 2017
Transaction ID : 24120128
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Chugden, Robert, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Medical Center Boulevard
 City Marrero State LA Zip Code 70072-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 West Jefferson Medical Center Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 25 / 2017
Transaction ID : 24120129
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Clement, Michelle, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Chamale Drive
 City Slidell State LA Zip Code 70460-2562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Louisiana Hospital Association Director of Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 25 / 2017
Transaction ID : 24120130
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Yuhas, Joel, P., Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 East Boulder Street

City Colorado Springs	State CO	Zip Code 80909-5533
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : 24120131

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2551 West 84th Avenue

City Westminster	State CO	Zip Code 80031-3807
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Colorado Hospital	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : 24120134

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1514 Jefferson Highway

City New Orleans	State LA	Zip Code 70121-2429
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Health System	Occupation (for Individual) AVP, Compliance & Associate General
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120143

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Gandy, Patrick, W., Mr., Jr CPA, MB
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 52009 OCS

City Lafayette	State LA	Zip Code 70505-2009
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lafayette General Medical Center	Occupation (for Individual) Executive Vice President and Chief Exe
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120144

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 100 Medical Center Drive

City Slidell	State LA	Zip Code 70461-5520
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Medical Center - North Shore	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120145

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Charles Memorial Hospital	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120146

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Lee, W., Bryan, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4801 Ambassador Caffery Parkway

City Lafayette	State LA	Zip Code 70508-6917
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Our Lady of Lourdes Regional Medical C	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120147

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 400 West 16th Street

City Pueblo	State CO	Zip Code 81003-2745
----------------	-------------	------------------------

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

Name of Employer (for Individual) Parkview Medical Center	Occupation (for Individual) Director, Laboratory
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : 24120149

Amount of Each Receipt this Period
250.00

Memo Item

C. Sutton, Michele, K, Mrs., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 2668

City Hammond	State LA	Zip Code 70404-2668
-----------------	-------------	------------------------

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

Name of Employer (for Individual) North Oaks Health System	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120176

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Moss, Ira, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8001 Youree Drive
 City Shreveport State LA Zip Code 71115-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Willis-Knighton Pierremont Health Cent Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120177
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Peoples, Phyllis, L., Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8166 Main Street
 City Houma State LA Zip Code 70360-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Terrebonne General Medical Center Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120178
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wyble, Karen, O., Ms., RN, BSN, C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 678
 City Arnaudville State LA Zip Code 70512-0678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Martin Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120179
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Lloyd-Brown, Bernita, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) VP Support Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120180
 Amount of Each Receipt this Period
 225.00
 Memo Item

B. Cazes, Anna, Leah, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15019 Audubon Lakes Dr
 City Baton Rouge State LA Zip Code 70810-8432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) Senior Vice President, Chief Operating
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120181
 Amount of Each Receipt this Period
 225.00
 Memo Item

C. Delahoussaye, Todd, , Mr., MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) Sr. VP, Specialty & Physician Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120182
 Amount of Each Receipt this Period
 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Derouen, Kathleen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) Senior Vice President Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120183
 Amount of Each Receipt this Period
 225.00
 Memo Item

B. Kirk, Brian, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120184
 Amount of Each Receipt this Period
 225.00
 Memo Item

C. McSwain, Marilyn, , Ms., RNC, MSN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 West Gauthier Road
 City Lake Charles State LA Zip Code 70605-7170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital for Wom Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120185
 Amount of Each Receipt this Period
 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Charles Memorial Hospital	Occupation (for Individual) VP Patient Care
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120186

Amount of Each Receipt this Period
225.00

Memo Item

B. Whitson, Charles, P, Mr., CPA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Charles Memorial Hospital	Occupation (for Individual) Senior Vice President Finance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120187

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address 1311 North Mildred Road

City Cortez	State CO	Zip Code 81321-2231
----------------	-------------	------------------------

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

Name of Employer (for Individual) Southwest Memorial Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
558.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 24120198

Amount of Each Receipt this Period
58.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	508.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Santilli, Robert, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 North Taylor Street
 City Gunnison State CO Zip Code 81230-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gunnison Valley Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 279.25

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120217
 Amount of Each Receipt this Period 29.25
 Memo Item

B. Sim, Edward, H., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11600 West Second Place
 City Lakewood State CO Zip Code 80228-1527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Anthony Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120229
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Engel, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 East Tenth Avenue
 City Springfield State CO Zip Code 81073-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Colorado Hospital District Occupation (for Individual) Chief Executive Officer and Administra
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 25 / 2017
Transaction ID : 24120234
 Amount of Each Receipt this Period 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	484.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Halsan, Carole, , Ms., RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 438

City South Bend	State WA	Zip Code 98586-0438
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Willapa Harbor Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2017
Transaction ID : 24120410

Amount of Each Receipt this Period
 240.00

Memo Item

B. Hartman, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 N. Nevada Avenue

City Colorado Springs	State CO	Zip Code 80907-6819
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Francis Medical Center	Occupation (for Individual) Chief Administrative Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120416

Amount of Each Receipt this Period
 250.00

Memo Item

C. Brewer, Gary, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 Blake Avenue

City Glenwood Springs	State CO	Zip Code 81601-4227
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley View Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : 24120419

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	990.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Sullivan, Theresa, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2509

City Moses Lake	State WA	Zip Code 98837-0752
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24120423

Amount of Each Receipt this Period
240.00

Memo Item

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

Mailing Address 505 Stone Creek Place

City Walla Walla	State WA	Zip Code 99362-8601
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Providence St. Mary Medical Center	Occupation (for Individual) Chief Strategy Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24120425

Amount of Each Receipt this Period
200.00

Memo Item

C. Kaplan, Gary, , Dr., MD, FACP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 900

City Seattle	State WA	Zip Code 98111-0900
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Mason Medical Center	Occupation (for Individual) Chairman and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24120426

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. O'Brien, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1723 West Bridge Ave

City Spokane	State WA	Zip Code 99201-1814
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MultiCare Health System	Occupation (for Individual) SVP/Chief Executive
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24120427

Amount of Each Receipt this Period
400.00

Memo Item

B. Pound, Veronica, , Ms., RN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1009

City Socorro	State NM	Zip Code 87801-1009
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Socorro General Hospital	Occupation (for Individual) Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

Transaction ID : 24120453

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3509 W 8th St.
Apt. 204

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Avera Health	Occupation (for Individual) Senior Vice President and General Cour
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : 24120520

Amount of Each Receipt this Period
175.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Fischer-Clemens, Deb, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3005 W 90th St
 City Sioux Falls State SD Zip Code 57108-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Avera Health Senior Vice President, Avera Center for
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : 24120524
 Amount of Each Receipt this Period
 175.00
 Memo Item

B. Hamann, Danielle, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 West Avera Drive
 City Sioux Falls State SD Zip Code 57108-5717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Avera Health Public Policy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : 24120556
 Amount of Each Receipt this Period
 175.00
 Memo Item

C. Breitling, Bryan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 West Fifth Street
 City Miller State SD Zip Code 57362-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Avera Hand County Memorial Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : 24120728
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Turner, Cole, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W Eagle Rd

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Sanford USD Medical Center	Occupation (for Individual) Vice President, Finance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2017

Transaction ID : 24120819

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 41 Brae Loch Drive

City Boonton Township	State NJ	Zip Code 07005-8814
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Robert Wood Johnson University Hospi	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : 24120881

Amount of Each Receipt this Period
975.00

Memo Item

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

Mailing Address 27 Harvest Lane

City Livingston	State NJ	Zip Code 07039-2750
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New Jersey Hospital Association	Occupation (for Individual) Vice President Continuing Care Service
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : 24120891

Amount of Each Receipt this Period
19.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1244.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
363.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 24120893

Amount of Each Receipt this Period
33.15

Memo Item

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

Mailing Address 6180 Lower Mountain Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
362.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 24120894

Amount of Each Receipt this Period
6.50

Memo Item

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

Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
477.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 24120896

Amount of Each Receipt this Period
46.59

Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 19 Fountain Court

City Cherry Hill	State NJ	Zip Code 08034-1149
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 24120904

Amount of Each Receipt this Period
650.00

Memo Item

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

Mailing Address 4 Poppy Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 24120906

Amount of Each Receipt this Period
6.50

Memo Item

c. Schreiber, Matthew, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Indian Trail Drive

City Franklin Lakes	State NJ	Zip Code 07417-1064
------------------------	-------------	------------------------

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

Name of Employer (for Individual) RWJBarnabas Health	Occupation (for Individual) CCO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 24120907

Amount of Each Receipt this Period
227.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	884.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
486.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 24120908

Amount of Each Receipt this Period
6.50

Memo Item

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

Mailing Address 25 Pocono Road

City Denville	State NJ	Zip Code 07834-2954
------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Peter's University Hospital	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24121215

Amount of Each Receipt this Period
130.00

Memo Item

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

Mailing Address 6180 Lower Mountain Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
355.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24121216

Amount of Each Receipt this Period
26.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....	163.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 4 Poppy Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24121218

Amount of Each Receipt this Period
13.00

Memo Item

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

Mailing Address 760 Alexander Road

City Princeton	State NJ	Zip Code 08540-6305
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 24121219

Amount of Each Receipt this Period
40.30

Memo Item

C. Hatton, Melinda, Reid, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Senior Vice President & General Counse
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR1045726243602

Amount of Each Receipt this Period
115.41

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	168.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Macchiarola, Sarah, B., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1082532743602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Jellen, Barbara, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 N Royal St
 City Alexandria State VA Zip Code 22314-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Section Director, Constituency Section
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1113464243602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Allen, Lisa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Sr. Vice President, Chief Human Resou
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1118928243602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	121.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Kirby, Dale, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 331
 City Colusa State CA Zip Code 95932-0331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1125892343602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Coulombe, Charisse, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Director, Grant Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1221011443602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Fenwick, Matthew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Strategy & Relationshi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1234662943602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	271.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Meadows, Mary, , Dr., DNP,MBA,RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AONE Occupation (for Individual) Director of Professional Practice, AON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1260472943602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Gergely, Susan, , Ms., MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker Drive Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AONE Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1347791043602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Drevna, Heather, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3205 Ravensworth PL
 City Alexandria State VA Zip Code 22302-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Advocacy and Member (C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1348169743602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	121.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Allen, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Executive Director, Business Se
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.46

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1474886243602
 Amount of Each Receipt this Period 13.47
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Wade, Fannie, Delores, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7706 Heartwood Lane
 City Upper Marlboro State MD Zip Code 20772-4323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Executive Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1476385743602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Day, Monica, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 Telfair Blvd B219
 City Suitland State MD Zip Code 20746-4297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Political Affairs Coordinator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1516850643602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	94.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Arespachoga, Elisa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Director, Constituency Secti
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1555656243602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Poole, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Governance Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1589439943602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Baker, Kimberly, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) VP, Meetings, Travel & Admin Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1590809143602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	121.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Hrickiewicz, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Editor Health Facilities Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1625366843602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Kehoe, Bob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Stategy & Business Developpr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1625368343602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ryzner, Joan M., , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association Occupation (for Individual) Director, Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1625587843602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	121.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Showalter, Monique, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Marketing AHA Solutions, Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1625602243602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Rasmussen, Erik, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1819487943602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Kuhlman, Aimee, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director Fed. Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1877582343602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	196.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dexter, Shari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW, Suite 400

City Washington	State DC	Zip Code 20001-5189
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association	Occupation (for Individual) Director, Political Action
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.80

Date of Receipt
 09 / 30 / 2017
Transaction ID : PR1878189843602

Amount of Each Receipt this Period
 57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Hancock, Beverly, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker Dr.

City Chicago	State IL	Zip Code 60606-1787
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Educational Programs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.40

Date of Receipt
 09 / 30 / 2017
Transaction ID : PR1913189343602

Amount of Each Receipt this Period
 40.41

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

C. Jack, Christina, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Wacker Dr.

City Chicago	State IL	Zip Code 60606-1787
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Member Relations
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 269.40

Date of Receipt
 09 / 30 / 2017
Transaction ID : PR1913189943602

Amount of Each Receipt this Period
 40.41

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	138.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Kim, Joanna, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Policy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.40

Date of Receipt **09 / 30 / 2017**
Transaction ID : PR1913190543602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Knolle, Evelyn, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Policy -TR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt **09 / 30 / 2017**
Transaction ID : PR1913190743602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Myrick, Juanita, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director, Employee Relations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 384.80

Date of Receipt **09 / 30 / 2017**
Transaction ID : PR1913192543602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	155.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 145
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Watteau, Marie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Media Relations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 226.49

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1913195843602
 Amount of Each Receipt this Period 61.77
 Memo Item
 P/R Deduction (\$20.59 Bi-Weekly)

B. Worzala, Chantal, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director, Policy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1913196443602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Henderson, Janet, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Member Relations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1937843143602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	217.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Policy

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1943461543602

Amount of Each Receipt this Period 57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer (for Individual) AONE Occupation (for Individual) Associate Director, Advocacy, Media R

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1963876243602

Amount of Each Receipt this Period 40.41

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

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

Mailing Address 155 N. Wacker Drive, Suite 400

City Chicago State IL Zip Code 60606-1719

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

Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Governance and Operations Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR1973934543602

Amount of Each Receipt this Period 57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 155.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ross, Priscilla, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Federal Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2053848443602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Cleary-Fishman, Marie, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Drive
 6102
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) VP Clinical Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2053848943602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Doyle, Julie, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Drive
 7107
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Marketing, Health Foru
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2053849043602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 800 10th Street NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2058887043602

Amount of Each Receipt this Period 57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Robey, Travis, E, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Fed Relations

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2060308243602

Amount of Each Receipt this Period 57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer (for Individual) AONE Occupation (for Individual) Workforce Center Specialist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2060632943602

Amount of Each Receipt this Period 40.41

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 155.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dunn, Lindsey, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N Kingsbury St #501
 City Chicago State IL Zip Code 60610-6880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association Occupation (for Individual) Director, Marketing Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2062510743602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Vasquez, Crystal, , , DNP, MS, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4506 W. Larchmont
 City Chicago State IL Zip Code 60641-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Forum Occupation (for Individual) Director, Market Consulting & Developr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2216978843602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

c. Bhatt, Jay, , Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Vice President & CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2228450443602
 Amount of Each Receipt this Period 166.68
 Memo Item
 P/R Deduction (\$55.56 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	247.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 122 N. Greenwood Avenue

City Park Ridge	State IL	Zip Code 60068-3227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Associate Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR327771643602

Amount of Each Receipt this Period
115.41

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Sonik, Suzanne, R., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 North Wacker Drive

City Chicago	State IL	Zip Code 60606-1787
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Long-Term Care
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR327777243602

Amount of Each Receipt this Period
57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

C. Stock, Debra, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1022 S. Harvey Avenue

City Oak Park	State IL	Zip Code 60304-2132
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Member Relations
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR327777843602

Amount of Each Receipt this Period
115.41

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	288.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Lewis, Joan, H., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6034 North 22nd Street
 City Arlington State VA Zip Code 22205-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR327831743602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Kraus, Merry Beth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 N. Clinton Place
 City River Forest State IL Zip Code 60305-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Constituency Section
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR327857443602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Seklecki, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Political Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR327858043602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Barry, Jack, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 District Avenue

City Burlington	State MA	Zip Code 01803-5041
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Regional Executive
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR327877843602

Amount of Each Receipt this Period
115.41

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Collins Offner, Eileen, M., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Director Policy Development
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR327906143602

Amount of Each Receipt this Period
40.41

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

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

Mailing Address P.O. Box 679010

City Austin	State TX	Zip Code 78767-9010
----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Regional Executive
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR327983743602

Amount of Each Receipt this Period
38.47

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	194.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Purcell, Ron, O., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR328241443602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Pollack, Richard, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 22207-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR328260943602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Forcina, Carolyn, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clover Hill Court
 City Yardley State PA Zip Code 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR328511843602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mitchell, Alicia, N., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N. Harrison Street
 City Arlington State VA Zip Code 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Vice President, Communications
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR328512043602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Chickey, Rebecca, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) SPSA Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR329013443602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Bash, Robyn, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Executive Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR329084443602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	288.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Deweese, W. Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 Virginia Way
 City Brentwood State TN Zip Code 37027-7525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) AHA Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : PR329215743602
 Amount of Each Receipt this Period
 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Meersman, Patricia, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Director Data Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : PR330343343602
 Amount of Each Receipt this Period
 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Misfeldt, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : PR330411643602
 Amount of Each Receipt this Period
 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	288.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mudron, Maureen, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2017
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400		Transaction ID : PR330465243602
City Washington	State DC	Zip Code 20001-5188
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.41	
Name of Employer (for Individual) American Hospital Association	Occupation (for Individual) Counsel/Div of Federal Regulations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	P/R Deduction (\$13.47 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Muraca, Paul, N., Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2017
Mailing Address 4960 138th Circle West		Transaction ID : PR330475443602
City Apple Valley	State MN	Zip Code 55124-9229
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.41	
Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Member Engagement	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	P/R Deduction (\$38.47 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. O'Keefe, Eileen, , Ms.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2017
Mailing Address 172 Atteridge		Transaction ID : PR330549243602
City Lake Forest	State IL	Zip Code 60045-1715
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.41	
Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Constituency Section	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 769.40	P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	271.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Spohn, Anthony, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 N. Oriole

City Chicago	State IL	Zip Code 60634-3232
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Executive Director, Associate Members
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR331098343602

Amount of Each Receipt this Period
57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Vice President, Executive Office Opera
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR331304243602

Amount of Each Receipt this Period
115.41

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Webb, Jo Ann, K, Ms., RN, MHA, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AONE	Occupation (for Individual) Senior Director of Federal Relations a
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR331379143602

Amount of Each Receipt this Period
40.41

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	213.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 145
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Woodin, Dale, L, Mr., CHFM,FASHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N Wacker Dr Ste 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association Occupation (for Individual) Vice President, Personal Membership C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR331481343602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Cundari, Megan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR518031943602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Werner, Laura, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Associate Director, Political Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2017
Transaction ID : PR560101543602
 Amount of Each Receipt this Period 57.72
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	213.54
TOTAL This Period (last page this line 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 124 OF 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Wurth, Maryjane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Chief Strategy and Relationship Office
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR703068343602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Thompson, Ashley, B., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 S. Royal St.
 City Alexandria State VA Zip Code 22314-4142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Vice President, Public Policy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR766023743602
 Amount of Each Receipt this Period 115.41
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Archuleta, Rochelle, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director Policy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.40

Date of Receipt 09 / 30 / 2017
Transaction ID : PR801366343602
 Amount of Each Receipt this Period 40.41
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	271.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrobsky, Lisa, Kidder, Ms.,

Mailing Address 800 10th Street NW
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Vice President, Grassroots and Advoca
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	30	/	2017

Transaction ID : PR876637243602

Amount of Each Receipt this Period
57.72

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.72
TOTAL This Period (last page this line number only).....	109828.44

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 145
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. New York Hospital & Healthcare Assoc. FED PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address One Empire Drive

City Rensselaer	State NY	Zip Code 12144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
190000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

Transaction ID : 24081353

Amount of Each Receipt this Period
15000.00

Memo Item

B. North Carolina Hospital Assoc. HOSPAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address Post Office Box 4449

City Cary	State NC	Zip Code 27519-4449
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00194647

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : 24091511

Amount of Each Receipt this Period
55000.00

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70000.00
TOTAL This Period (last page this line number only).....▶	70000.00

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

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

FOR LINE NUMBER: PAGE 127 OF 145
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. TD Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Seventh Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2335.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2017
Transaction ID : 24119266
 Amount of Each Receipt this Period
 291.82
 Memo Item
 Interest Earned

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	291.82
TOTAL This Period (last page this line number only).....▶	291.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 05 / 2017

FEC Identification Number

Transaction ID : 24119263
Amount of Each Disbursement this Period

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 05 / 2017

FEC Identification Number

Transaction ID : 24119264
Amount of Each Disbursement this Period

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

Transaction ID : 24119265
Amount of Each Disbursement this Period

Bank Fee

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="278.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="278.66"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Cheri Bustos		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address 1050 17th St Nw Ste 590		FEC Identification Number C C00498568 Transaction ID : 24077728
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name Bustos, Cheri, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL District: 17		

Full Name (Last, First, Middle Initial) B. Clarke For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address 111-36 200th. Street		FEC Identification Number C C00415331 Transaction ID : 24077729
City Hollis	State NY	Zip Code 11412
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name Clarke, Yvette, D., Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY District: 09		

Full Name (Last, First, Middle Initial) C. Clarke For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address 111-36 200th. Street		FEC Identification Number C C00415331 Transaction ID : 24077730
City Hollis	State NY	Zip Code 11412
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Clarke, Yvette, D., Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY District: 09		

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. The Bill Keating Committee

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Keating, William, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2017

FEC Identification Number

C C00479063

Transaction ID : 24077731

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Kuster For Congress, Inc

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Kuster, Ann, McLane, Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2017

FEC Identification Number

C C00462861

Transaction ID : 24077732

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Donald Norcross For Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Norcross, Donald, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2017

FEC Identification Number

C C00558320

Transaction ID : 24077747

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rush, Bobby, Lee, Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: IL District: 01

Date of Disbursement
MM / DD / YYYY
09 / 07 / 2017

FEC Identification Number
C C00257121
Transaction ID : 24077748
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. PAC to the Future

Mailing Address 700 13th Street N.W.
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
PAC to the Future

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify)
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 07 / 2017

FEC Identification Number
C C00344234
Transaction ID : 24077749
Amount of Each Disbursement this Period
5000.00
2017 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Thompson, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 05

Date of Disbursement
MM / DD / YYYY
09 / 07 / 2017

FEC Identification Number
C C00326363
Transaction ID : 24077750
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Castor For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement Contribution
Candidate Name **Castor, Kathy, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 14

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: **C00410761**
Transaction ID : **24077752**
Amount of Each Disbursement this Period: 2500.00
Contribution
 Memo Item

B. Hal Rogers For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement Contribution
Candidate Name **Rogers, Hal, Dallas, Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KY District: 05

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: **C00116632**
Transaction ID : **24077753**
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

C. Andy Harris For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement Contribution
Candidate Name **Harris, Andy, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 01

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: **C00435974**
Transaction ID : **24077754**
Amount of Each Disbursement this Period: 5000.00
Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Lance For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address PO Box 999		FEC Identification Number C00444224 Transaction ID : 24077755
City Edison	State NJ	Zip Code 08818
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name Lance, Leonard, , Rep.,		Amount of Each Disbursement this Period 3000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District: 07	

Full Name (Last, First, Middle Initial) B. Val Demings For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address PO Box 536926		FEC Identification Number C00590489 Transaction ID : 24077756
City Orlando	State FL	Zip Code 32853
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name Demings, Valdez, , Rep.,		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 10	

Full Name (Last, First, Middle Initial) C. Morgan Griffith For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address PO Box 361		FEC Identification Number C00477240 Transaction ID : 24077757
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name Griffith, Morgan, H., Rep.,		Amount of Each Disbursement this Period 250.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 09	

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

5750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mark Pocan For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address PO Box 327		FEC Identification Number C C00502179 Transaction ID : 24077759
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Pocan, Mark, , Rep.,		Amount of Each Disbursement this Period 500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DCCC		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address 430 South Capitol Street		FEC Identification Number C C00000935 Transaction ID : 24090635
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2017 Contribution		Category/Type 011
Candidate Name DCCC		Amount of Each Disbursement this Period 10000.00 2017 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Tammy Baldwin For Senate		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address P.O. Box 696		FEC Identification Number C C00326801 Transaction ID : 24090636
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Baldwin, Tammy, , Sen.,		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Citizens For Boyle		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address PO Box 11545		FEC Identification Number C C00543363 Transaction ID : 24090637
City Philadelphia	State PA	Zip Code 19116
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name Boyle, Brendan, F., Rep.,		Amount of Each Disbursement this Period 3000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 13	

Full Name (Last, First, Middle Initial) B. Doggett For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address PO Box 5843		FEC Identification Number C C00286500 Transaction ID : 24090638
City Austin	State TX	Zip Code 78763
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name Doggett, Lloyd, , Rep.,		Amount of Each Disbursement this Period 2000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 35	

Full Name (Last, First, Middle Initial) C. Walter Jones Committee		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address PO Box 3962		FEC Identification Number C C00305052 Transaction ID : 24090639
City Greenville	State NC	Zip Code 27836
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name Jones, Walter, B., Rep., Jr.		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 03	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. McEachin For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address PO Box 8092		FEC Identification Number C 000610964 Transaction ID : 24090640
City Richmond	State VA	Zip Code 23223
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name McEachin, A. Donald, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District: 04	

Full Name (Last, First, Middle Initial) B. Pascrell For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address P.O. Box 100		FEC Identification Number C 000313510 Transaction ID : 24090641
City Teaneck	State NJ	Zip Code 07666
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Pascrell, William, J., Rep., Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NJ District: 09	

Full Name (Last, First, Middle Initial) C. Donald M Payne Jr For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address PO Box 2406		FEC Identification Number C 000519355 Transaction ID : 24090642
City Newark	State NJ	Zip Code 07114
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Payne, Donald, M., Rep., Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NJ District: 10	

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

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Schrader, Kurt, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement
MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number
C C00446906
Transaction ID : 24090643
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Brownley, Julia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 26

Date of Disbursement
MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number
C C00513077
Transaction ID : 24090644
Amount of Each Disbursement this Period
2000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. McCollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
McCollum, Betty, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 04

Date of Disbursement
MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number
C C00354688
Transaction ID : 24090645
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

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

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Crowley For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017	
Mailing Address 84-56 Grand Avenue			
City Elmhurst	State NY	Zip Code 11373	
Purpose of Disbursement Contribution		011 Category/ Type	FEC Identification Number C00338954 Transaction ID : 24090646 Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name Crowley, Joseph, , Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 14	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Brian Higgins For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017	
Mailing Address P.O. Box 28			
City Buffalo	State NY	Zip Code 14220	
Purpose of Disbursement Contribution		011 Category/ Type	FEC Identification Number C00401034 Transaction ID : 24091311 Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Higgins, Brian, M., Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 26	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Capito For West Virginia		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017	
Mailing Address PO Box 11519			
City Charleston	State WV	Zip Code 25339	
Purpose of Disbursement 2020 Contribution		011 Category/ Type	FEC Identification Number C00539825 Transaction ID : 24099282 Amount of Each Disbursement this Period 1000.00 2020 Contribution
Candidate Name Capito, Shelley Moore, , Sen.,			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WV District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	4000.00
TOTAL This Period (last page this line number only)..... ▶	4000.00

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Collins For Senator		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address PO Box 1096		FEC Identification Number C00314575 Transaction ID : 24099283
City Bangor	State ME	Zip Code 04402
Purpose of Disbursement 2020 Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 2020 Contribution
Candidate Name Collins, Susan, M., Sen.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: ME	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Connolly For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address PO Box 563		FEC Identification Number C00445452 Transaction ID : 24099289
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Connolly, Gerald, E., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA	District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Engel For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address 462 California Road		FEC Identification Number C00236513 Transaction ID : 24099290
City Bronxville	State NY	Zip Code 10708
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name Engel, Eliot, L., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 16	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Friends Of Dan Kildee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement Contribution
Candidate Name **Kildee, Dan, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 05

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: **C00499947**
Transaction ID : 24099295
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

B. Kustoff For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1661 Aaron Brenner Dr Ste 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement Contribution
Candidate Name **Kustoff, David, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 08

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: **C00614826**
Transaction ID : 24099298
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

C. McKinley For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement Contribution
Candidate Name **McKinley, David, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WV District: 01

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: **C00473132**
Transaction ID : 24099299
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nadler For Congress

Mailing Address Village Station, PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Nadler, Jerrold, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 10

Date of Disbursement
MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number
C C00290825
Transaction ID : 24099300
Amount of Each Disbursement this Period
2000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Nolan For Congress Volunteer Committee

Mailing Address PO Box 1041

City Brainerd State MN Zip Code 56401

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Nolan, Richard, Michael, Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 08

Date of Disbursement
MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number
C C00499053
Transaction ID : 24099301
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Sessions, Pete, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 32

Date of Disbursement
MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number
C C00303305
Transaction ID : 24099302
Amount of Each Disbursement this Period
1500.00
Contribution

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Wasserman-Schultz, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 23

Date of Disbursement

/ /

FEC Identification Number

C C00385773

Transaction ID : 24099306

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Pelican PAC

Mailing Address 7406 Park Terrace Drive

City Alexandria State VA Zip Code 22307

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
Pelican PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00634774

Transaction ID : 24099420

Amount of Each Disbursement this Period

2017 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Aguilar, Pete, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 31

Date of Disbursement

/ /

FEC Identification Number

C C00510461

Transaction ID : 24099421

Amount of Each Disbursement this Period

Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Jim Costa For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address 2037 W Bullard Ave # 355		FEC Identification Number C C00391029 Transaction ID : 24099422
City Fresno	State CA	Zip Code 93711
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Costa, Jim, , Rep.,		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 16	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Lofgren For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address C/O Contribution Solutions, LLC 1346 The Alameda, Ste. 7-380		FEC Identification Number C C00289603 Transaction ID : 24099423
City San Jose	State CA	Zip Code 95126
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Lofgren, Zoe, , Rep.,		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 19	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Free State PAC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address PO Box 1151		FEC Identification Number C C00455717 Transaction ID : 24099456
City Hays	State KS	Zip Code 67601
Purpose of Disbursement 2017 Contribution		Category/Type 011
Candidate Name Free State PAC		Amount of Each Disbursement this Period 1000.00 2017 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Jim Clyburn		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address Post Office Box 12567		FEC Identification Number C C00255562 Transaction ID : 24099457
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name Clyburn, James, E., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 06		

Full Name (Last, First, Middle Initial) B. Denali Leadership PAC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address 16158 Essex Park Dr.		FEC Identification Number C C00438291 Transaction ID : 24099458
City Anchorage	State AK	Zip Code 99516
Purpose of Disbursement 2017 Contribution	Category/ Type 011	Amount of Each Disbursement this Period 4000.00 2017 Contribution
Candidate Name Denali Leadership PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends Of Dave Joyce		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address 320 Kenarden Drive		FEC Identification Number C C00527457 Transaction ID : 24099460
City Cleveland	State OH	Zip Code 44143
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Joyce, Dave, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 14		

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Creating Opportunities, Markets and Enthusiasm in Rural Kentucky

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
Creating Opportunities, Markets and Enthusiasm in Rural Kentucky

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2017

FEC Identification Number

C C00650853

Transaction ID : 24100018

Amount of Each Disbursement this Period

1000.00

2017 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
McGovern, James, P., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: MA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2017

FEC Identification Number

C C00285171

Transaction ID : 24121572

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

85750.00