

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 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ruthita Fike

Mailing Address 11234 Anderson Street

City State Zip Code
 Loma Linda CA 92354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loma Linda University Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 03 2014

Transaction ID : INCA11689

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Michael Rembis

Mailing Address 501 South Buena Vista Street

City State Zip Code
 Burbank CA 91505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Saint Joseph Medical Center

Occupation
Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 03 2014

Transaction ID : INCA11675

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Michael Sarian

Mailing Address 3300 East Guasti Road

City State Zip Code
 Ontario CA 91761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Healthcare Services

Occupation
President, Hospital Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 03 2014

Transaction ID : INCA11707

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3750.00