

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sytems (CA-HHS)

ADDRESS (number and street) 1215 K Street, Suite 800  
 Check if different than previously reported. (ACC)  
Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00237495  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2006 through 06 30 2006

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

Signature of Treasurer Electronically Filed by J. Richard Eichman Date 07 07 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hospitals & Health Systems (CA-HHS)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		21742.33
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	38660.06									
(c) Total Receipts (from Line 19) .....	29872.53	87837.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	68532.59	109580.10								
7. Total Disbursements (from Line 31) .....	45799.70	86847.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22732.89	22732.89								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hospitals & Health Sytems (CA-HHS)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	28793.37	83494.40
(i) Itemized (use Schedule A) .....	1079.16	4343.37
(ii) Unitemized .....	29872.53	87837.77
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29872.53	87837.77
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	29872.53	87837.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29872.53	87837.77

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	799.70	1847.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	799.70	1847.21
22. Transfers to Affiliated/Other Party Committees.....	40000.00	80000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	45799.70	86847.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	45799.70	86847.21

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	29872.53	87837.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29872.53	87837.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	799.70	1847.21
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	799.70	1847.21

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 61
	<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	

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

NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Barker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5218	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 90.92	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, Publishing/Education			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 433.73	

<b>B.</b> Full Name (Last, First, Middle Initial) Mary Barker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5248	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 90.92	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, Publishing/Education			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 433.73	

<b>C.</b> Full Name (Last, First, Middle Initial) Melinda Beswick		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 1111 West La Palma Avenue		<b>Transaction ID:</b> INC:A:5183	
City State Zip Code Anaheim CA 92801		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anaheim Memorial Medical Center Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1181.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 61
	<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Trisha Brereton</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 2400 E 4th Street		<b>Transaction ID: INC:A:5241</b>	
City State Zip Code National City CA 91950		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Paradise Valley Hospital/- Adventist Hea President/CEO, Paradise Valley Hospita			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. John Calderone</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 800 South Main Street		<b>Transaction ID: INC:A:5208</b>	
City State Zip Code Corona CA 92882		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Corona Regional Medical Center Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Carlson</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 2000 Mowry Avenue		<b>Transaction ID: INC:A:5181</b>	
City State Zip Code Fremont CA 94538		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Washington Hospital Health-care System Director of Quality and Patient Safety			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

**A.** Full Name (Last, First, Middle Initial)  
Nancy Carlson

Mailing Address 2000 Mowry Avenue

City State Zip Code  
Fremont CA 94538

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

Name of Employer  
Washington Hospital Health-care System

Occupation  
Director of Quality and Patient Safety

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** INC:A:5284

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mike Cohill

Mailing Address 3325 Chanate Road

City State Zip Code  
Santa Rosa CA 95404

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

Name of Employer  
Sutter Medical Center of Santa Rosa

Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

**Transaction ID:** INC:A:5185

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Tim Curley

Mailing Address 1625 East Shaw Avenue, Suite 139

City State Zip Code  
Fresno CA 93710

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

Name of Employer  
HCNCC

Occupation  
Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

**Transaction ID:** INC:A:5186

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1375.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 61
	<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A.</b> Connie Delgado Alvarez		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5232	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 95.24	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Legislative Advocate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 387.93	

Full Name (Last, First, Middle Initial) <b>B.</b> Connie Delgado Alvarez		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5262	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 95.24	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Legislative Advocate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 387.93	

Full Name (Last, First, Middle Initial) <b>C.</b> Jan Emerson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5231	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 90.92	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, External Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 451.29	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	281.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Jan Emerson Mailing Address 1215 K St Ste 800 City Sacramento State CA Zip Code 95814 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5261 Amount of Each Receipt this Period 90.92
Name of Employer California Hospital Association Occupation Vice President, External Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 451.29		

<b>B.</b> Full Name (Last, First, Middle Initial) Kevin Erich Mailing Address One Madrone Street City Willits State CA Zip Code 95490 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5177 Amount of Each Receipt this Period 250.00
Name of Employer Frank R. Howard Memorial Hospital/Adve Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Erich Mailing Address One Madrone Street City Willits State CA Zip Code 95490 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5280 Amount of Each Receipt this Period 150.00
Name of Employer Frank R. Howard Memorial Hospital/Adve Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>490.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A.</b> Martin Gallegos		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5228
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association	Occupation Senior Vice President/Chief Legislativ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.93	

Full Name (Last, First, Middle Initial) <b>B.</b> Martin Gallegos		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5258
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association	Occupation Senior Vice President/Chief Legislativ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.93	

Full Name (Last, First, Middle Initial) <b>C.</b> Steve Geidt		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 24451 Health Center Drive		<b>Transaction ID:</b> INC:A:5238
City State Zip Code Laguna Hills CA 92653	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saddleback Memorial Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1173.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 61
	<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

**A.** Full Name (Last, First, Middle Initial)  
Barbara Glaser

Mailing Address 1215 K St  
Ste 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer California Hospital Association  
Occupation Legislative Advocate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.10

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

**Transaction ID:** INC:A:5223

Amount of Each Receipt this Period  
86.96

**B.** Full Name (Last, First, Middle Initial)  
Barbara Glaser

Mailing Address 1215 K St  
Ste 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer California Hospital Association  
Occupation Legislative Advocate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.10

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

**Transaction ID:** INC:A:5253

Amount of Each Receipt this Period  
86.96

**C.** Full Name (Last, First, Middle Initial)  
David Green

Mailing Address 1415 Ross Avenue

City State Zip Code  
El Centro CA 92243

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

Name of Employer El Centro Regional Medical Center  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2006

**Transaction ID:** INC:A:5178

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>423.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) David Green		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1415 Ross Avenue		<b>Transaction ID:</b> INC:A:5281
City State Zip Code El Centro CA 92243	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer El Centro Regional Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dietmar Grellmann		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5171
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association	Occupation Vice President, Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

<b>C.</b> Full Name (Last, First, Middle Initial) Dietmar Grellmann		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5214
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association	Occupation Vice President, Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	416.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Dietmar Grellmann		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5275	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, Managed Care			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.31	

<b>B.</b> Full Name (Last, First, Middle Initial) Dietmar Grellmann		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5297	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, Managed Care			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.31	

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Gross		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 7901 Frost Street		<b>Transaction ID:</b> INC:A:5167	
City State Zip Code San Diego CA 92123		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sharp Metropolitan Medical Campus Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	416.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Gross		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 7901 Frost Street		<b>Transaction ID:</b> INC:A:5293
City State Zip Code San Diego CA 92123	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sharp Metropolitan Medical Campus	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Fred Harder		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5222
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association	Occupation Senior Vice President, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32	

<b>C.</b> Full Name (Last, First, Middle Initial) Fred Harder		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5252
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association	Occupation Senior Vice President, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	423.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Dorel Harms</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID: INC:A:5224</b>	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, Quality/Professional S			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.37	

Full Name (Last, First, Middle Initial) <b>B. Dorel Harms</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID: INC:A:5254</b>	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, Quality/Professional S			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.37	

Full Name (Last, First, Middle Initial) <b>C. Joseph Harrington</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 975 South Fairmont Avenue		<b>Transaction ID: INC:A:5242</b>	
City State Zip Code Lodi CA 95240		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lodi Memorial Hospital Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1173.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 61
	<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A.</b> Doug Hitchcock		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1215 K St Ste 800		Transaction ID: INC:A:5168
City Sacramento State CA Zip Code 95814	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Government Relations Counsel Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Doug Hitchcock		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1215 K St Ste 800		Transaction ID: INC:A:5294
City Sacramento State CA Zip Code 95814	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Government Relations Counsel Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Charles Howarth		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 9301 Oakdale Ave Ste 160		Transaction ID: INC:A:5233
City Chatsworth State CA Zip Code 91311	Amount of Each Receipt this Period 166.68	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CAHHS Unemployment Insurance Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Unemployment in Aggregate Year-to-Date ▼ 424.53	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	666.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Charles Howarth</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 9301 Oakdale Ave Ste 160		<b>Transaction ID: INC:A:5263</b>	
City State Zip Code Chatsworth CA 91311		Amount of Each Receipt this Period 166.68	
FEC ID number of contributing federal political committee. C			
Name of Employer CAHHS Unemployment Insurance Division		Occupation Senior Vice President, Unemployment In	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 424.53	

Full Name (Last, First, Middle Initial) <b>B. Mike Hutchinson</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 450 East Romie Lane		<b>Transaction ID: INC:A:5203</b>	
City State Zip Code Salinas CA 93901		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Salinas Valley Memorial Healthcare Sys		Occupation Vice President, Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Diane Jones</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 1531 Esplanade		<b>Transaction ID: INC:A:5243</b>	
City State Zip Code Chico CA 95926		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Enloe Medical Center		Occupation Director of Rehabilitation Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1416.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 61
	<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Cyndi Kettmann</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 2200 River Plaza Dr		<b>Transaction ID: INC:A:5210</b>	
City State Zip Code Sacramento CA 95833	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sutter Health	Occupation Senior Vice President, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mark Klein</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 185 Berry Street Suite 300		<b>Transaction ID: INC:A:5212</b>	
City State Zip Code San Francisco CA 94107	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Catholic Healthcare West	Occupation Vice President, Corporate Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Sheree Kruckenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID: INC:A:5234</b>	
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 90.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association	Occupation Vice President, Behavioral Health & G		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.66		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2090.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Sheree Kruckenberg</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID: INC:A:5264</b>	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 90.92	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Vice President, Behavioral Health & Gc			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 452.66	

Full Name (Last, First, Middle Initial) <b>B. Mark Laret</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 505 Parnassus Avenue		<b>Transaction ID: INC:A:5165</b>	
City State Zip Code San Francisco CA 94143		Amount of Each Receipt this Period 91.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UCSF Medical Center Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Laret</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 505 Parnassus Avenue		<b>Transaction ID: INC:A:5207</b>	
City State Zip Code San Francisco CA 94143		Amount of Each Receipt this Period 91.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UCSF Medical Center Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 545.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	272.92
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 / 61
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Laret		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 505 Parnassus Avenue		<b>Transaction ID:</b> INC:A:5273	
City State Zip Code San Francisco CA 94143		Amount of Each Receipt this Period 91.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation UCSF Medical Center Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 545.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Laret		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 505 Parnassus Avenue		<b>Transaction ID:</b> INC:A:5290	
City State Zip Code San Francisco CA 94143		Amount of Each Receipt this Period 91.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation UCSF Medical Center Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 545.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Leo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 500 S Main St		<b>Transaction ID:</b> INC:A:5244	
City State Zip Code Orange CA 92868		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation St. Joseph Health System Regional Director, Advocacy			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1182.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 61
	<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	

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

NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Patti Lepe		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 3865 Jackson Street		<b>Transaction ID:</b> INC:A:5187	
City State Zip Code Riverside CA 92503		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Parkview Community Hospital Medical Ce		Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mary Lopez		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 1902 Swift		<b>Transaction ID:</b> INC:A:5176	
City State Zip Code Clovis CA 93727		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Unemployed		Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mary Lopez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1902 Swift		<b>Transaction ID:</b> INC:A:5302	
City State Zip Code Clovis CA 93727		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Unemployed		Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 / 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Madden Mailing Address 501 S Buena Vista St City Burbank State CA Zip Code 91505 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 <b>Transaction ID: INC:A:5164</b> Amount of Each Receipt this Period 250.00
Name of Employer Providence Health System - Southern Cal Occupation Executive Chief, Providence Health Sys Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Madden Mailing Address 501 S Buena Vista St City Burbank State CA Zip Code 91505 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID: INC:A:5289</b> Amount of Each Receipt this Period 250.00
Name of Employer Providence Health System - Southern Cal Occupation Executive Chief, Providence Health Sys Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Montion Mailing Address 869 North Cherry St City Tulare State CA Zip Code 93274 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 <b>Transaction ID: INC:A:5209</b> Amount of Each Receipt this Period 300.00
Name of Employer Tulare District HealthCare System Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Moreau		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 999 San Bernardino Road		<b>Transaction ID:</b> INC:A:5162
City Upland State CA Zip Code 91786	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer San Antonio Community Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Steven Moreau		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 999 San Bernardino Road		<b>Transaction ID:</b> INC:A:5287
City Upland State CA Zip Code 91786	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer San Antonio Community Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Murphy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 8695 Spectrum Center Blvd		<b>Transaction ID:</b> INC:A:5184
City San Diego State CA Zip Code 92123	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sharp HealthCare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 / 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Deborah Nelson Mailing Address 450 East Romie Lane City Salinas State CA Zip Code 93901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5180 Amount of Each Receipt this Period 100.00
Name of Employer: Salinas Valley Memorial Healthcare Sys Occupation: Chairman/President of the Board Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Deborah Nelson Mailing Address 450 East Romie Lane City Salinas State CA Zip Code 93901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5205 Amount of Each Receipt this Period 100.00
Name of Employer: Salinas Valley Memorial Healthcare Sys Occupation: Chairman/President of the Board Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Deborah Nelson Mailing Address 450 East Romie Lane City Salinas State CA Zip Code 93901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5270 Amount of Each Receipt this Period 100.00
Name of Employer: Salinas Valley Memorial Healthcare Sys Occupation: Chairman/President of the Board Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A.</b> Deborah Nelson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 450 East Romie Lane		<b>Transaction ID:</b> INC:A:5283	
City State Zip Code Salinas CA 93901		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Salinas Valley Memorial Healthcare Sys		Occupation Chairman/President of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jennifer Newman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5230	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 59.10	
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 274.17	

Full Name (Last, First, Middle Initial) <b>C.</b> Jennifer Newman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5260	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 59.10	
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 274.17	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	218.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 61
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A.</b> Anne O'Rourke		Date of Receipt MM / DD / YYYY 05 / 02 / 2006
Mailing Address 499 S Capitol St SW Ste 410		<b>Transaction ID:</b> INC:A:5229
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 58.83
Name of Employer California Hospital Association	Occupation Senior Vice President, Federal Relatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.10	

Full Name (Last, First, Middle Initial) <b>B.</b> Anne O'Rourke		Date of Receipt MM / DD / YYYY 05 / 30 / 2006
Mailing Address 499 S Capitol St SW Ste 410		<b>Transaction ID:</b> INC:A:5259
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 117.66
Name of Employer California Hospital Association	Occupation Senior Vice President, Federal Relatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.10	

Full Name (Last, First, Middle Initial) <b>C.</b> Nathaniel Oubre, Jr.		Date of Receipt MM / DD / YYYY 04 / 03 / 2006
Mailing Address 393 E Walnut St		<b>Transaction ID:</b> INC:A:5179
City Pasadena	State CA	Zip Code 91188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaiser Permanente Southern California	Occupation Senior Vice President/Area Manager, Sa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	276.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A.</b> Nathaniel Oubre, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 393 E Walnut St		Transaction ID: INC:A:5204	
City State Zip Code Pasadena CA 91188	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanente Southern California	Occupation Senior Vice President/Area Manager, Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Nathaniel Oubre, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 393 E Walnut St		Transaction ID: INC:A:5269	
City State Zip Code Pasadena CA 91188	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanente Southern California	Occupation Senior Vice President/Area Manager, Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Nathaniel Oubre, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 393 E Walnut St		Transaction ID: INC:A:5282	
City State Zip Code Pasadena CA 91188	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanente Southern California	Occupation Senior Vice President/Area Manager, Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 / 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Packer Mailing Address 23625 Holman Hwy City Monterey State CA Zip Code 93940 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5216 Amount of Each Receipt this Period 1000.00
Name of Employer Community Hospital of the Monterey Pen Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Linda Philipp Mailing Address 1800 North California Street City Stockton State CA Zip Code 95204 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5301 Amount of Each Receipt this Period 1000.00
Name of Employer St. Joseph's Medical Center Occupation Vice President, Foundation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Julie Puentes Mailing Address 515 S Figueroa St Ste 1300 City Los Angeles State CA Zip Code 90071 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> INC:A:5174 Amount of Each Receipt this Period 125.00
Name of Employer Hospital Association of Southern Calif Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 / 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Julie Puentes Mailing Address 515 S Figueroa St Ste 1300 City State Zip Code Los Angeles CA 90071 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 <b>Transaction ID:</b> INC:A:5300 Amount of Each Receipt this Period 125.00
Name of Employer: Hospital Association of Southern Calif Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Roger Richter Mailing Address 1215 K St Ste 800 City State Zip Code Sacramento CA 95814 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2006 <b>Transaction ID:</b> INC:A:5220 Amount of Each Receipt this Period 90.92
Name of Employer: California Society for Healthcare Engi Occupation: Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 451.29		

<b>C.</b> Full Name (Last, First, Middle Initial) Roger Richter Mailing Address 1215 K St Ste 800 City State Zip Code Sacramento CA 95814 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006 <b>Transaction ID:</b> INC:A:5250 Amount of Each Receipt this Period 90.92
Name of Employer: California Society for Healthcare Engi Occupation: Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 451.29		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>306.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Nancy Robinson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5225	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Assistant to the President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.93	

<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Robinson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5255	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Hospital Association Occupation Assistant to the President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.93	

<b>C.</b> Full Name (Last, First, Middle Initial) Rebecca Rozen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 877 Ygnacio Valley Rd Ste 210		<b>Transaction ID:</b> INC:A:5221	
City State Zip Code Walnut Creek CA 94596		Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCNCC - East Bay Section Occupation Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 456.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	260.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Rebecca Rozen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 877 Ygnacio Valley Rd Ste 210		<b>Transaction ID:</b> INC:A:5251
City State Zip Code Walnut Creek CA 94596	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HCNCC - East Bay Section	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.98	

<b>B.</b> Full Name (Last, First, Middle Initial) Stephanie Ruh-Mearns		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2070 Century Park East		<b>Transaction ID:</b> INC:A:5170
City State Zip Code Los Angeles CA 90067	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Century City Doctors Hospital	Occupation Vice President, Care Services/Chief Nu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Stephanie Ruh-Mearns		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 2070 Century Park East		<b>Transaction ID:</b> INC:A:5296
City State Zip Code Los Angeles CA 90067	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Century City Doctors Hospital	Occupation Vice President, Care Services/Chief Nu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	586.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

**A.** Full Name (Last, First, Middle Initial)  
William Russell

Mailing Address 730 17th Street

City Modesto State CA Zip Code 95354

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

Name of Employer Kindred Hospital - Modesto Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: INC:A:5175

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Arnold Schaffer

Mailing Address 506 2nd Ave Ste 1200

City Seattle State WA Zip Code 98104

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

Name of Employer Providence Health System Occupation Chief Operating Officer, Southern Cali

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 586.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: INC:A:5163

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Arnold Schaffer

Mailing Address 506 2nd Ave Ste 1200

City Seattle State WA Zip Code 98104

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

Name of Employer Providence Health System Occupation Chief Operating Officer, Southern Cali

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 586.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

Transaction ID: INC:A:5206

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	420.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Arnold Schaffer</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2006
Mailing Address 506 2nd Ave Ste 1200		<b>Transaction ID: INC:A:5272</b>
City Seattle	State WA	Zip Code 98104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Providence Health System	Occupation Chief Operating Officer, Southern Cali	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 586.00	

Full Name (Last, First, Middle Initial) <b>B. Arnold Schaffer</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 506 2nd Ave Ste 1200		<b>Transaction ID: INC:A:5288</b>
City Seattle	State WA	Zip Code 98104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Providence Health System	Occupation Chief Operating Officer, Southern Cali	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 586.00	

Full Name (Last, First, Middle Initial) <b>C. Cindy Schneider</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2006
Mailing Address 1215 K St Ste 800		<b>Transaction ID: INC:A:5236</b>
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 86.96
Name of Employer California Hospital Association	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>256.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Cindy Schneider		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 800		<b>Transaction ID:</b> INC:A:5266	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. C			
Name of Employer California Hospital Association		Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 391.32	

<b>B.</b> Full Name (Last, First, Middle Initial) Roger Seaver		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 23845 McBean Parkway		<b>Transaction ID:</b> INC:A:5215	
City State Zip Code Valencia CA 91355		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Henry Mayo Newhall Memorial Hospital		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Siemer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 2801 Atlantic Ave Ste 301		<b>Transaction ID:</b> INC:A:5235	
City State Zip Code Long Beach CA 90806		Amount of Each Receipt this Period 550.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MemorialCare Medical Centers		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	886.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 235 Montgomery St Ste 1158		<b>Transaction ID:</b> INC:A:5226	
City State Zip Code San Francisco CA 94104		Amount of Each Receipt this Period 90.92	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCNCC - North Bay and San Francisco Se		Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 451.29	

<b>B.</b> Full Name (Last, First, Middle Initial) Ron Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 235 Montgomery St Ste 1158		<b>Transaction ID:</b> INC:A:5256	
City State Zip Code San Francisco CA 94104		Amount of Each Receipt this Period 90.92	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCNCC - North Bay and San Francisco Se		Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 451.29	

<b>C.</b> Full Name (Last, First, Middle Initial) Brett Spenst		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 2100 Douglas Blvd		<b>Transaction ID:</b> INC:A:5276	
City State Zip Code Roseville CA 95661		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adventist Health		Occupation Vice President/Chief Information Offic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	681.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Art Sponseller</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 1215 K St Ste 730		<b>Transaction ID: INC:A:5217</b>	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 130.44	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hospital Council of Northern and Centr		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.74	

Full Name (Last, First, Middle Initial) <b>B. Art Sponseller</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 1215 K St Ste 730		<b>Transaction ID: INC:A:5247</b>	
City State Zip Code Sacramento CA 95814		Amount of Each Receipt this Period 130.44	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hospital Council of Northern and Centr		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.74	

Full Name (Last, First, Middle Initial) <b>C. Carol Stern</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 280130		<b>Transaction ID: INC:A:5173</b>	
City State Zip Code Northridge CA 91328		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pro Pharma Pharmaceutical Consultants		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	385.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 61
	<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)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

**A.** Full Name (Last, First, Middle Initial)  
Carol Stern

Mailing Address P.O. Box 280130

City State Zip Code  
Northridge CA 91328

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

Name of Employer Pro Pharma Pharmaceutical Consultants. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** INC:A:5299

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
John Turek

Mailing Address 1215 K St Ste 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer California Hospital Association. Occupation Research & Data Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2006

**Transaction ID:** INC:A:5278

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Jon Van Boening

Mailing Address 420 34th Street

City State Zip Code  
Bakersfield CA 93301

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

Name of Employer Bakersfield Memorial Hospital. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2006

**Transaction ID:** INC:A:5166

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

<b>A.</b> Full Name (Last, First, Middle Initial) Jon Van Boening Mailing Address 420 34th Street City Bakersfield State CA Zip Code 93301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID: INC:A:5291</b> Amount of Each Receipt this Period 250.00
Name of Employer Bakersfield Memorial Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gary Wilde Mailing Address 147 North Brent Street City Ventura State CA Zip Code 93003 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 <b>Transaction ID: INC:A:5239</b> Amount of Each Receipt this Period 1000.00
Name of Employer Community Memorial Hospital of San Bue Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President/Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Patricia Williams Mailing Address 10 Woodland Road City St. Helena State CA Zip Code 94574 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID: INC:A:5286</b> Amount of Each Receipt this Period 250.00
Name of Employer St. Helena Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Business Development & Marketing Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Winter</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 251 S Lake Ave 7th Floor		<b>Transaction ID: INC:A:5240</b>
City State Zip Code Pasadena CA 91101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CHW-Southern California Division	Occupation President, Group Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kristine Yahn</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1029 K Street Suite 23		<b>Transaction ID: INC:A:5172</b>
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Californians for Patient Care	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Kristine Yahn</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1029 K Street Suite 23		<b>Transaction ID: INC:A:5298</b>
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Californians for Patient Care	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial) <b>A.</b> Judith Yates		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 707 Broadway Ste 905		<b>Transaction ID:</b> INC:A:5169	
City State Zip Code San Diego CA 92101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hospital Association of San Diego and	Occupation Vice President/Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Judith Yates		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 707 Broadway Ste 905		<b>Transaction ID:</b> INC:A:5295	
City State Zip Code San Diego CA 92101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hospital Association of San Diego and	Occupation Vice President/Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Maureen Zehntner		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 101 The City Drive South Route #62		<b>Transaction ID:</b> INC:A:5213	
City State Zip Code Orange CA 92868	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of California - UCI Medical	Occupation Interim, Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	28793.37

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address P.O. Box 37176

City San Francisco State CA Zip Code 94137

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: EXP:B:5311

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

294.46

**B.** Bank of America

Mailing Address P.O. Box 37176

City San Francisco State CA Zip Code 94137

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: EXP:B:5312

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

163.06

**C.** Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 37176

City San Francisco State CA Zip Code 94137

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: EXP:B:5305

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

256.60

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

714.12

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

714.12

**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)

PAGE 43 / 61

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

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NAME OF COMMITTEE (In Full)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial)

**A.** Political Action Committee of the American Hospital Assn

Mailing Address 325 Seventh Street, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
C0010646

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP:B:5182

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 4	/	<sup>D</sup> 1	<sup>D</sup> 0	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
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Amount of Each Disbursement this Period

40000.00
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**SUBTOTAL** of Disbursements This Page (optional) ..... ►

40000.00

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

40000.00

**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)

PAGE 44 / 61

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

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NAME OF COMMITTEE (In Full)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

Full Name (Last, First, Middle Initial)

**A.** California Republican Party

Mailing Address 1201 K Street, 7th Floor

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Category/  
Type

Candidate Name  
California Republican Party

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP:B:5279

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

**Image# 26950213651**

Form/Schedule: **SA11AI** Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814  
Transaction ID: **INC:A:5247**

Form/Schedule: **SA11AI** Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814  
Transaction ID: **INC:A:5217**

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**Image# 26950213652**

Form/Schedule: **SA11AI** Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 94104  
Transaction ID: **INC:A:5256**

Form/Schedule: **SA11AI** Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 94104  
Transaction ID: **INC:A:5226**

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**Image# 26950213653**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814

Transaction ID: **INC:A:5266**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814

Transaction ID: **INC:A:5236**

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**Image# 26950213654**

Form/Schedule: **SA11AI** Intermediary: HCNCC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596  
Transaction ID: **INC:A:5251**

Form/Schedule: **SA11AI** Intermediary: HCNCC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596  
Transaction ID: **INC:A:5221**

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**Image# 26950213655**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814

Transaction ID: **INC:A:5255**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814

Transaction ID: **INC:A:5225**

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**Image# 26950213656**

Form/Schedule: **SA11AI** Intermediary: California Society for Healthcare Engineering Inc., State Office 1215 K St, Ste 800 Sacramento,  
Transaction ID: **INC:A:5250** CA 95814

Form/Schedule: **SA11AI** Intermediary: California Society for Healthcare Engineering Inc., State Office 1215 K St, Ste 800 Sacramento,  
Transaction ID: **INC:A:5220** CA 95814

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**Image# 26950213657**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Transaction ID: **INC:A:5259**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Transaction ID: **INC:A:5229**

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**Image# 26950213658**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814  
Transaction ID: **INC:A:5260**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814  
Transaction ID: **INC:A:5230**

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**Image# 26950213659**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814  
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Transaction ID: **INC:A:5234**

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**Image# 26950213660**

Form/Schedule: **SA11AI** Intermediary: CAHHS Unemployment Insurance Division 9301 Oakdale Ave, Ste 160 Chatsworth, CA 91311

Transaction ID: **INC:A:5263**

Form/Schedule: **SA11AI** Intermediary: CAHHS Unemployment Insurance Division 9301 Oakdale Ave, Ste 160 Chatsworth, CA 91311

Transaction ID: **INC:A:5233**

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**Image# 26950213661**

Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814  
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Form/Schedule: **SA11AI** Intermediary: California Hospital Association 1215 K St, Ste 800 Sacramento, CA 95814  
Transaction ID: **INC:A:5224**

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**Image# 26950213662**

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**Image# 26950213663**

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**Image# 26950213664**

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**Image# 26950213665**

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**Image# 26950213666**

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**Image# 26950213667**

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Transaction ID: **INC:A:5218**

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