

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Alicia Munoz</p> <p>Mailing Address 5575 Ruffin Rd Ste 225</p> <p>City San Diego State CA Zip Code 92123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hospital Association of San Diego and Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Occupation Vice President, Quality and Patient Sa Aggregate Year-to-Date ▼ 750.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2014 Transaction ID : INCA12647</p> <p>Amount of Each Receipt this Period 187.50</p>
<p>Full Name (Last, First, Middle Initial) B. Michael Rembis</p> <p>Mailing Address 501 South Buena Vista Street</p> <p>City Burbank State CA Zip Code 91505</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Providence Saint Joseph Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Occupation Chief Executive Aggregate Year-to-Date ▼ 2000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2014 Transaction ID : INCA12651</p> <p>Amount of Each Receipt this Period 312.50</p>
<p>Full Name (Last, First, Middle Initial) C. Gary Herbst</p> <p>Mailing Address 400 West Mineral King Avenue</p> <p>City Visalia State CA Zip Code 93291</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kaweah Delta Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Occupation Senior Vice President/Chief Financial Aggregate Year-to-Date ▼ 1111.12</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2014 Transaction ID : INCA12650</p> <p>Amount of Each Receipt this Period 138.89</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		638.89
<p>TOTAL This Period (last page this line number only)..... ▶</p>		