



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		3140767.55
(b) Cash on Hand at Beginning of Reporting Period.....	3475809.02	
(c) Total Receipts (from Line 19) .....	161886.75	990657.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3637695.77	4131425.37
7. Total Disbursements (from Line 31).....	122791.06	616520.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3514904.71	3514904.71
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Hospital Association PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	73641.86	401577.60
(ii) Unitemized .....	33051.23	122055.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	106693.09	523633.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	106693.09	528633.54
12. Transfers From Affiliated/Other Party Committees.....	54900.00	460377.12
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.).....	293.66	1647.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	161886.75	990657.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	161886.75	990657.82

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	441.06	4080.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	441.06	4080.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	122350.00	605100.00
24. Independent Expenditures (use Schedule E) .....	0.00	7340.00
25. Coordinated Party Expenditures (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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	122791.06	616520.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122791.06	616520.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	106693.09	528633.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	106693.09	528633.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	441.06	4080.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	441.06	4080.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael A Slubowski FACHE, FAC**

Mailing Address 500 Eldorado Boulevard, Suite 100-

City Broomfield	State CO	Zip Code 80021-3408
--------------------	-------------	------------------------

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

Name of Employer SCL Health	Occupation Chief Executive Officer
--------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 23231292**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Jeffrey S Drop**

Mailing Address 4816 Amber Valley Parkway

City Fargo	State ND	Zip Code 58104-8404
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FEC ID number of contributing federal political committee. **C**

Name of Employer Catholic Health Initiatives	Occupation SVP Division Executive
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2016

**Transaction ID : 23231295**

Amount of Each Receipt this Period  
330.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ms. Kathleen A Bizarro-Thunberg MBA, FACHE**

Mailing Address 544 Upper Straw Rd

City Hopkinton	State NH	Zip Code 03229-2023
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FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association	Occupation Executive Vice President and Federal R
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : 23231298**

Amount of Each Receipt this Period  
22.75

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	852.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Stephen M. Ahnen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Airport Road  
 City Concord State NH Zip Code 03301-7300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Hospital Association Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **455.00**

Date of Receipt **06 / 01 / 2016**  
**Transaction ID : 23231299**  
 Amount of Each Receipt this Period **45.50**  
 Memo Item

**B. Mr. Richard M Ash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 Eastvold Avenue  
 City Ortonville State MN Zip Code 56278-1252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Hospital District Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.50**

Date of Receipt **06 / 06 / 2016**  
**Transaction ID : 23231486**  
 Amount of Each Receipt this Period **42.50**  
 Memo Item

**C. Mr. Steve Underdahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 North Avenue  
 City Northfield State MN Zip Code 55057-1498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northfield Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 06 / 2016**  
**Transaction ID : 23231487**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **588.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Vicky McFall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 529 Capp Harlan Road  
 City Tompkinsville State KY Zip Code 42167-1808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monroe County Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23231758**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Mr. Gary Payne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2050 Versailles Road  
 City Lexington State KY Zip Code 40504-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Hill Rehabilitation Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23231760**  
 Amount of Each Receipt this Period  
 255.00  
 Memo Item

**C. Mr. Greg Kiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 769  
 City Louisa State KY Zip Code 41230-0769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Three Rivers Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23231761**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1055.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Stephen M Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 20007  
 City Owensboro State KY Zip Code 42304-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Owensboro Health Regional Hospital Occupation Executive Director Government, Communi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2016  
**Transaction ID : 23231762**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mr. Charles V Robb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5461 Northeast Northgate Crossing  
 City Lee's Summit State MO Zip Code 64064-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Luke's Health System Occupation Senior Vice President Finance and Admi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 06 / 2016  
**Transaction ID : 23231800**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Mr. Tim Van Zandt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4637 Charlotte Street  
 City Kansas City State MO Zip Code 64110-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Luke's South Hospital Occupation Vice President Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 06 / 2016  
**Transaction ID : 23231801**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 111  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Dawn Murphy**

Mailing Address 5705 West 152nd Place

City Overland Park State KS Zip Code 66223-3254

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

Name of Employer Saint Luke's Health System Occupation Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2016**

**Transaction ID : 23231802**

Amount of Each Receipt this Period  
**600.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ms. Mary C. Becker**

Mailing Address 7800 South Eagle Road

City Columbia State MO Zip Code 65203-9017

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

Name of Employer Missouri Hospital Association Occupation Senior VP, Commc. & Health Improvement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2016**

**Transaction ID : 23231803**

Amount of Each Receipt this Period  
**46.88**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Herb B Kuhn**

Mailing Address 5310 Saddlebrook Lane

City Lohman State MO Zip Code 65053-9353

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

Name of Employer Missouri Hospital Association Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2016**

**Transaction ID : 23231812**

Amount of Each Receipt this Period  
**125.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **771.88**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Daniel R. Landon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1811 Forest Park Court

City Jefferson City State MO Zip Code 65109-9782

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

Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **06 / 06 / 2016**

**Transaction ID : 23231813**

Amount of Each Receipt this Period **125.00**

Memo Item

**B. Ms. Leslie L. Porth**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1816

City Lake Ozark State MO Zip Code 65049-1816

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

Name of Employer Missouri Hospital Association Occupation Vice President of Health Improvement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **234.40**

Date of Receipt **06 / 06 / 2016**

**Transaction ID : 23231816**

Amount of Each Receipt this Period **46.88**

Memo Item

**C. Ms. Theresa J. Roark**  
Full Name (Last, First, Middle Initial)

Mailing Address 5171 East Cottage Lane

City Columbia State MO Zip Code 65201-7678

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

Name of Employer Missouri Hospital Association Occupation Senior Vice President, Data & Informat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **234.40**

Date of Receipt **06 / 06 / 2016**

**Transaction ID : 23231829**

Amount of Each Receipt this Period **46.88**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>218.76</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Debra Owen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 217 N. Grand ve  
City Pierre State SD Zip Code 57501-2011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Dakota Assoc. of Healthcare Orga Occupation VP, State & Federal Regulations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23232637**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mr. Larry W Veitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1440 North Main Street  
City Spearfish State SD Zip Code 57783-1505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spearfish Regional Hospital Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23232639**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mr. Thomas Balcavage**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 Dye Way  
City Moorestown State NJ Zip Code 08057-3992  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kennedy Health System Occupation Vice President Information Systems and  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 325.00

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 23232850**  
Amount of Each Receipt this Period 325.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **825.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Kim Alliano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wallace Avenue  
 City Sewell State NJ Zip Code 08080-4291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennedy Health Occupation Vice President, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : 23232851**  
 Amount of Each Receipt this Period  
 227.50  
 Memo Item

**B. Ms. Helene M Burns MSN, RN, N**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Westbury Drive  
 City Berlin State NJ Zip Code 08009-9682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennedy Health System Occupation Chief Nursing Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : 23232852**  
 Amount of Each Receipt this Period  
 227.50  
 Memo Item

**C. Mr. J Kirk Norris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue, Suite 100  
 City Des Moines State IA Zip Code 50309-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2016  
**Transaction ID : 23234762**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1455.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 111
	<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)  
**American Hospital Association PAC**

**A. Mr. Theodore E Townsend FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 3026

City Cedar Rapids State IA Zip Code 52406-3026

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

Name of Employer UnityPoint Health - St. Luke's Hospita Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **06 / 02 / 2016**

**Transaction ID : 23234764**

Amount of Each Receipt this Period **750.00**

Memo Item

**B. Ms. Maureen Keehnl**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue Suite 100

City Des Moines State IA Zip Code 50309-1817

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

Name of Employer Iowa Hospital Association Occupation Vice President and General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 02 / 2016**

**Transaction ID : 23234766**

Amount of Each Receipt this Period **260.00**

Memo Item

**c. Mr. Greg E. Boattenhamer**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue Suite 100

City Des Moines State IA Zip Code 50309-1829

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

Name of Employer Iowa Hospital Association Occupation Sr. Vice President, Government Relatio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 02 / 2016**

**Transaction ID : 23234767**

Amount of Each Receipt this Period **650.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1660.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Steven P Baumert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 2C  
 City Council Bluffs State IA Zip Code 51502-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Jennie Edmundson Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234769**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ms. Marie E Knedler RN, FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 Mercy Road  
 City Omaha State NE Zip Code 68124-2319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHI Health Bergan Mercy Occupation President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234770**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mr. Philip J Noel III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Pennsylvania Avenue  
 City Ottumwa State IA Zip Code 52501-6427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ottumwa Regional Health Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234787**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Clinton J Christianson FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 St Joseph's Drive  
 City Centerville State IA Zip Code 52544-9017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center-Centerville Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234788**  
 Amount of Each Receipt this Period 425.00  
 Memo Item

**B. Mr. Scott McIntyre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue Suite 100  
 City Des Moines State IA Zip Code 50309-1829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Director, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234790**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mr. Martin W Guthmiller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Lincoln Circle SE  
 City Orange City State IA Zip Code 51041-1398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orange City Area Health System Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234793**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr Jim Lehman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3090 Lundy Ln

City Bettendorf State IA Zip Code 52722-3975

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

Name of Employer Genesis Medical Center-Davenport Occupation Vice President, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2016  
**Transaction ID : 23234794**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Brett Altman**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1006

City Newton State IA Zip Code 50208-1006

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

Name of Employer Skiff Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2016  
**Transaction ID : 23234795**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Mr. James Gobell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 Stone Park Boulevard

City Sioux City State IA Zip Code 51104-3734

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

Name of Employer UnityPoint Health - St. Luke's Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2016  
**Transaction ID : 23234810**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Troy Martens**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 Kenyon Road

City Fort Dodge State IA Zip Code 50501-5740

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

Name of Employer UnityPoint Health - Trinity Regional M Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234811**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Mr. Fredrick K Slunecka**  
Full Name (Last, First, Middle Initial)

Mailing Address 7200 S Burleigh Cir

City Sioux Falls State SD Zip Code 57108-5721

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

Name of Employer Avera Health Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 06 / 02 / 2016  
**Transaction ID : 23234817**

Amount of Each Receipt this Period 350.00

Memo Item

**c. Ms. Peggy F. Schmitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 6109 McGee Street

City Kansas City State MO Zip Code 64113-2209

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

Name of Employer North Kansas City Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 06 / 15 / 2016  
**Transaction ID : 23234947**

Amount of Each Receipt this Period 950.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Samuel Flanders MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3033 Woodcreek Way  
 City Bloomfield State MI Zip Code 48304-1863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaumont Health Occupation Sr. Vice President, Chief Quality & Sa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23237175**  
 Amount of Each Receipt this Period  
 262.50  
 Memo Item

**B. Mr. John L. Jones Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1814 Hazel Avenue  
 City Kalamazoo State MI Zip Code 49008-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bronson Healthcare Group Occupation Senior Vice President /COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23237178**  
 Amount of Each Receipt this Period  
 262.50  
 Memo Item

**C. Mr. Jason Jorkasky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5927 Montebello Avenue  
 City Haslett State MI Zip Code 48840-8219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Health & Hospital Association Occupation Senior Director, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23237179**  
 Amount of Each Receipt this Period  
 262.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	787.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Scott Larson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1531 Academy Street

City Kalamazoo State MI Zip Code 49006-4400

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

Name of Employer Bronson Healthcare Group Occupation Senior Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : 23237203**

Amount of Each Receipt this Period  
 262.50

Memo Item

**B. Mr. Jim Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 803 Greenwich Drive

City Grand Ledge State MI Zip Code 48837-2411

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

Name of Employer Michigan Health & Hospital Association Occupation Vice President, Data Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : 23237204**

Amount of Each Receipt this Period  
 350.00

Memo Item

**C. Ms. Fran Petonic**  
Full Name (Last, First, Middle Initial)

Mailing Address 8059 Lillian Court

City Canton State MI Zip Code 48187-1476

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

Name of Employer St. Joseph Mercy Ann Arbor Occupation Vice President, Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : 23237207**

Amount of Each Receipt this Period  
 262.50

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Michael Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 781 Lido

City Rochester Hills State MI Zip Code 48307-6803

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

Name of Employer St. Joseph Mercy Oakland Occupation Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : 23237256**

Amount of Each Receipt this Period  
 262.50

Memo Item

**B. Mr. Kurt Schley**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 E Broadway Ave

City Bismarck State ND Zip Code 58501-4520

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

Name of Employer CHI St. Alexius Health Occupation Market Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2016

**Transaction ID : 23237392**

Amount of Each Receipt this Period  
 660.00

Memo Item

**C. Mr. Steven J Summer**  
Full Name (Last, First, Middle Initial)

Mailing Address 7335 East Orchard Road

City Greenwood Village State CO Zip Code 80111-2582

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

Name of Employer Colorado Hospital Association Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : 23240888**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1422.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Paul J Chodkowski**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 738

City Frisco State CO Zip Code 80443-0738

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

Name of Employer St. Anthony Summit Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23240889**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Mr. Gregory J Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 789 Central Avenue

City Dover State NH Zip Code 03820-2526

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

Name of Employer Wentworth-Douglass Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23240898**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Mr. C Scott Bond**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Elliott Avenue West, Suite 300

City Seattle State WA Zip Code 98119-4122

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

Name of Employer Washington State Hospital Association Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2016  
**Transaction ID : 23240905**

Amount of Each Receipt this Period  
 400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Florence Chang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 87th Street NW  
 City Gig Harbor State WA Zip Code 98332-7551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MultiCare Mary Bridge Children's Hospi Occupation Senior Vice President, Clinical Suppor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2016  
**Transaction ID : 23240906**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**B. Dr. Peter Rutherford MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1887  
 City Wenatchee State WA Zip Code 98807-1887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Confluence Health/Wenatchee Valley Hos Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2016  
**Transaction ID : 23240907**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**c. Dr. David Kapaska DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 5045  
 City Sioux Falls State SD Zip Code 57117-5045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Avera McKennan Hospital and University Occupation Regional President and Chief Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23240919**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 111
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dan Olson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 Anne Street NW

City Bemidji	State MN	Zip Code 56601-5103
FEC ID number of contributing federal political committee. C		
Name of Employer Sanford Bemidji Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2016  
**Transaction ID : 23240922**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Ms. Kimber L Wraalstad FACHE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 515 5th Avenue West

City Grand Marais	State MN	Zip Code 55604-3017
FEC ID number of contributing federal political committee. C		
Name of Employer Cook County North Shore Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2016  
**Transaction ID : 23240924**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Mr. Douglas E Bentz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Seneca Valley Est.

City Sissonville	State WV	Zip Code 25320-9781
FEC ID number of contributing federal political committee. C		
Name of Employer Roane General Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2016  
**Transaction ID : 23240933**

Amount of Each Receipt this Period  
250.00

Memo Item

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Christopher Colenda MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3040 University Avenue, Suite 3400

City Morgantown	State WV	Zip Code 26505-0577
--------------------	-------------	------------------------

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

Name of Employer West Virginia University Health System	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23240934**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Dr. Glenn Crotty Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 E. Coventry Road

City Charleston	State WV	Zip Code 25309-9528
--------------------	-------------	------------------------

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

Name of Employer Charleston Area Medical Center	Occupation Executive Vice President and Chief Ope
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23240935**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Mr. David B Darden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Montgomery Lane

City Daniels	State WV	Zip Code 25832-9739
-----------------	-------------	------------------------

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

Name of Employer Raleigh General Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23240936**

Amount of Each Receipt this Period  
 500.00

Memo Item

<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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Randy Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1710 Harper Road  
 City State Zip Code  
 Beckley WV 25801-3357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raleigh General Hospital Chief Financial Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23240937**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Mr. Larry C Hudson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5035 Bennington Drive  
 City State Zip Code  
 Cross Lanes WV 25313-2055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Charleston Area Medical Center Executive Vice President and Chief Fin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23240938**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Mr. Joseph M Letnauchyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Ariel Heights  
 City State Zip Code  
 Charleston WV 25311-1143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 West Virginia Hospital Association President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23240939**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. David L Ramsey</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016 <b>Transaction ID : 23240940</b>
Mailing Address 20 Wildacre Drive		Amount of Each Receipt this Period 500.00
City Charleston	State WV	Zip Code 25314-1442
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Charleston Area Medical Center	Occupation President and Chief Executive Officer	
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. Mr. Ben Vincent FACHE</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016 <b>Transaction ID : 23240941</b>
Mailing Address 149 Marple Drive		Amount of Each Receipt this Period 257.50
City Heaters	State WV	Zip Code 26627-8201
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Braxton County Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.50	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert D Whittler</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016 <b>Transaction ID : 23240942</b>
Mailing Address 5 Evergreen Drive		Amount of Each Receipt this Period 500.00
City Elkview	State WV	Zip Code 25071-9314
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Charleston Area Medical Center	Occupation Vice President Government and Communit	
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).....▶	1257.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James Bickel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5060 Somerset Lane  
City Columbus State IN Zip Code 47201-3129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbus Regional Hospital Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 23240946**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mr. Kreg Gruber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51362 Amesbury Way  
City Granger State IN Zip Code 46530-4829  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Beacon Health System Occupation Chief Operating Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 23240948**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Dr. Raymond V Ingham PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 217 East Drive  
City Lebanon State IN Zip Code 46052-1221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Witham Health Services Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 23240949**  
Amount of Each Receipt this Period 500.00  
 Memo Item

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Jerry Laue**  
Full Name (Last, First, Middle Initial)

Mailing Address 4700 N. State Road 59

City	State	Zip Code
Brazil	IN	47834-7459

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

Name of Employer	Occupation
St. Vincent Clay Hospital	Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23240950**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Mr. Robert D McLin**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 N. Water Tower Road

City	State	Zip Code
Bruceville	IN	47516-6035

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

Name of Employer	Occupation
Good Samaritan Hospital	President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23240951**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Mr. Ben Miles**  
Full Name (Last, First, Middle Initial)

Mailing Address 11109 Parkview Plaza Drive

City	State	Zip Code
Fort Wayne	IN	46845-1701

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

Name of Employer	Occupation
Parkview Regional Medical Center	President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23240952**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 243 Governors Way

City Brentwood State TN Zip Code 37027-8931

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

Name of Employer Quorum Health Corporation Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : 23240953**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Ms. Janice L Ryba JD, MHA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1437 Wellington Terrace

City Munster State IN Zip Code 46321-4367

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

Name of Employer St. Mary Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : 23240956**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Mr. Douglas R Ekeren**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Summit Avenue

City Yankton State SD Zip Code 57078-3899

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

Name of Employer Avera Sacred Heart Hospital Occupation Regional President and Chief Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2016

**Transaction ID : 23241137**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. David Kapaska DO**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 5045

City Sioux Falls	State SD	Zip Code 57117-5045
---------------------	-------------	------------------------

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

Name of Employer Avera McKennan Hospital and University	Occupation Regional President and Chief Executive
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

**Transaction ID : 23241144**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Mr. Edward J Roth III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2600 Sixth Street SW

City Canton	State OH	Zip Code 44710-1702
----------------	-------------	------------------------

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

Name of Employer Aultman Hospital	Occupation President and Chief Executive Officer
--------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 23241240**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dr. William H Kose MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4578 TR 25

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

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

Name of Employer Blanchard Valley Hospital	Occupation Chief Quality Officer
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 23241242**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Scott C Malaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 South Main Street

City Findlay State OH Zip Code 45840-1214

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

Name of Employer Blanchard Valley Health System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23241243**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 2030 Ridgebury Dr

City Painesville State OH Zip Code 44077-1571

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

Name of Employer Lake Health Occupation Chief Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23241244**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C. Ms. Mandy C Goble**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Palmer Avenue

City Bellefontaine State OH Zip Code 43311-2298

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

Name of Employer Mary Rutan Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23241247**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Amy Andres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6086 Flora Villa Dr.  
 City State Zip Code  
 Worthington OH 43085-3353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Hospital Association Senior Vice President, Quality & Data  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23241249**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

**B. Mr Marc Belcastro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 North Main Street Suite 390  
 City State Zip Code  
 Dayton OH 45402-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Premier Health Vice President of Women and Infant Srv  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23241770**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Dr. Tammy S Lundstrom MD, JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2417 Mallard Land Apt. 4  
 City State Zip Code  
 Beavercreek OH 45431-3672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Providence - Providence Park Hospital, Chief Medical Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23241772**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms Barbara Johnson**  
 Mailing Address 1697 Big Bear Dr  
 City State Zip Code  
 Washington Twp OH 45458-3692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Miami Valley Hospital Executive Vice President/COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23241777**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Dr. Rob Fredrick , M.D.**  
 Mailing Address 2142 North Cove Boulevard  
 City State Zip Code  
 Toledo OH 43606-3896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ProMedica Toledo Hospital Vice President Medical Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23242038**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ms. Holly L Bristoll**  
 Mailing Address P O Box 907  
 City State Zip Code  
 Fostoria OH 44830-0907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ProMedica Bay Park Hospital President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 23242040**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Stephen Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 1106 Colegate Drive

City Marietta State OH Zip Code 45750-1323

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

Name of Employer Selby General Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : 23242042**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr J Stephen Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 18400 Shaker Blvd

City Shaker Hts State OH Zip Code 44120-1759

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

Name of Employer Cleveland Clinic Occupation President, Regional Hospitals

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : 23242254**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Mr. Mark J Dooley**  
Full Name (Last, First, Middle Initial)

Mailing Address 915 West Michigan Street

City Sidney State OH Zip Code 45365-2491

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

Name of Employer Wilson Memorial Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : 23242256**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Stanley R Korducki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 West Wooster Street  
 City Bowling Green State OH Zip Code 43402-2603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wood County Hospital Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : 23242259**  
 Amount of Each Receipt this Period 875.00  
 Memo Item

**B. Mr. Bill Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 North Elm Street  
 City Onamia State MN Zip Code 56359-7901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mille Lacs Health System Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2016  
**Transaction ID : 23242492**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mr. Michael D Trachta FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Tenth Street SE  
 City Cedar Rapids State IA Zip Code 52403-1251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center-Cedar Rapids Occupation Executive Vice President and Chief Ope  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23244881**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Sandra L. McIntosh RN, MA, CN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1208 Woodland Dr. SE  
 City Cedar Rapids State IA Zip Code 52403-9076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnityPoint Health - St. Luke's Hospita Occupation Director, Emergency Medical/Surgical  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 275.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23244882**  
 Amount of Each Receipt this Period 275.00  
 Memo Item

**B. Mr. Jason Harrington FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box AB  
 City Spirit Lake State IA Zip Code 51360-0159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakes Regional Healthcare Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23244899**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mr. Robb Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 South White Street  
 City Mt Pleasant State IA Zip Code 52641-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry County Health Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23244900**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. David Kapaska DO**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 5045

City Sioux Falls	State SD	Zip Code 57117-5045
---------------------	-------------	------------------------

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

Name of Employer Avera McKennan Hospital and University	Occupation Regional President and Chief Executive
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		13		2016

**Transaction ID : 23244902**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mr. Kim Price**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1720 Central Avenue East, Suite A

City Hampton	State IA	Zip Code 50441-1867
-----------------	-------------	------------------------

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

Name of Employer Franklin General Hospital	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
06		13		2016

**Transaction ID : 23244905**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Mr. Steven J Simonin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1316 South Main Street

City Clarion	State IA	Zip Code 50525-2019
-----------------	-------------	------------------------

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

Name of Employer Iowa Specialty Hospitals	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
06		13		2016

**Transaction ID : 23244906**

Amount of Each Receipt this Period  
250.00

Memo Item

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Perry J. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 SE Olson Drive  
 City Waukee State IA Zip Code 50263-8180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23244907**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ms. Rebecca Anthony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue Suite 100  
 City Des Moines State IA Zip Code 50309-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Vice President, Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.58

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23246204**  
 Amount of Each Receipt this Period 92.86  
 Memo Item

**C. Ms. Maureen Keehne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue Suite 100  
 City Des Moines State IA Zip Code 50309-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Vice President and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23246205**  
 Amount of Each Receipt this Period 130.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	322.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dan Royer**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue

City Des Moines State IA Zip Code 50309-1817

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

Name of Employer Iowa Hospital Association Occupation Director, Advocacy Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 214.29

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23246206**

Amount of Each Receipt this Period 71.43

Memo Item

**B. Ms. Sara Vanderpool Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue, Suite 100

City Des Moines State IA Zip Code 50309-1800

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

Name of Employer Iowa Hospital Association Occupation Director of Government Relations & Sta

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : 23246207**

Amount of Each Receipt this Period 75.00

Memo Item

**C. Mr. Bruce King FHFMA, MSP**  
Full Name (Last, First, Middle Initial)

Mailing Address 273 County Road

City New London State NH Zip Code 03257-5736

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

Name of Employer New London Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 21 / 2016  
**Transaction ID : 23246285**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 646.43

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David M Dill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Powell Court, Suite 200  
 City State Zip Code  
 Brentwood TN 37027-5079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LifePoint Health President and Chief Operating Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : 23246300**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Ms. Amy E Freeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 Varnum Street NE  
 City State Zip Code  
 Washington DC 20017-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Providence Hospital President and Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2016  
**Transaction ID : 23246302**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Ms. Julie L Quirin FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4401 Wornall Road  
 City State Zip Code  
 Kansas City MO 64111-3220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Saint Luke's Health System Senior Vice President, Hospital Operat  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : 23246303**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Steven C Bjelich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2620 Kenneth Drive  
 City Cape Girardeau State MO Zip Code 63701-8404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Francis Healthcare System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016  
**Transaction ID : 23246310**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Mr. John Christopher Lang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1517 Deer Path  
 City Raymore State MO Zip Code 64083-8180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cass Regional Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016  
**Transaction ID : 23246325**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Mr. Fred Gattas Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 S. Yates  
 City Memphis State TN Zip Code 38120-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Children's Research Hospital Occupation Trustee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : 23246414**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Steven P Roach MBA, FACHE**

Mailing Address 157 Union Street

City State Zip Code  
Marlborough MA 01752-1228

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

Name of Employer Occupation  
UMass Memorial-Marlborough Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23247177**

Amount of Each Receipt this Period  
562.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ms Kimberly Brooks**

Mailing Address 9 Over Rock Road

City State Zip Code  
Scituate MA 02066-1042

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

Name of Employer Occupation  
Hebrew Rehabilitation Center V.P., Senior Living

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23247178**

Amount of Each Receipt this Period  
262.50

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Alan J. Macdonald**

Mailing Address 55 Fogg Road

City State Zip Code  
South Weymouth MA 02190-2432

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

Name of Employer Occupation  
South Shore Hospital Director/Public Policy and Funding

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : 23247179**

Amount of Each Receipt this Period  
562.50

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1387.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John O'Hara**  
Full Name (Last, First, Middle Initial)

Mailing Address 89 Birds Hill Ave

City Needham State MA Zip Code 02492-4258

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

Name of Employer Hallmark Health System Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : 23247180**

Amount of Each Receipt this Period  
 262.50

Memo Item

**B. Mr. Steven G Littleson FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fairhaven Road

City Fair Haven State NJ Zip Code 07704-3305

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

Name of Employer Hackensack Meridian Health Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : 23249285**

Amount of Each Receipt this Period  
 1300.00

Memo Item

**C. Ms. Audrey Meyers**  
Full Name (Last, First, Middle Initial)

Mailing Address 251 Highland Avenue

City Ridgewood State NJ Zip Code 07450-2726

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

Name of Employer Valley Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : 23249288**

Amount of Each Receipt this Period  
 975.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2537.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Kelly Walenda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Acorn Hill Drive  
 City Voorhees State NJ Zip Code 08043-1508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennedy Health Occupation VP, Assistant General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23249292**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**B. Mr. Anthony Wehbe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Cortmantle Road  
 City Mickleton State NJ Zip Code 08056-1263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennedy Health Occupation Chief Population Health Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 23249293**  
 Amount of Each Receipt this Period  
 227.50  
 Memo Item

**C. Mr. Dennis C Miley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 West 1st Street  
 City Paynesville State MN Zip Code 56362-1445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CentraCare Health-Paynesville Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : 23249351**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 802.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Philip A Clayton**

Mailing Address P O Box 829

City Conway State SC Zip Code 29528-0829

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

Name of Employer Conway Medical Center Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : 23249362**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Paul F Johnson**

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-4210

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

Name of Employer Greenville Memorial Hospital Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : 23249364**

Amount of Each Receipt this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Eugene Langan III**

Mailing Address 9 Foxglove Ct

City Greenville State SC Zip Code 29615-5505

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

Name of Employer Greenville Health System Occupation Chair, Dept of Surgery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : 23249365**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 111
	<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)  
**American Hospital Association PAC**

**A. Mr. George Maynard**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-5611

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

Name of Employer Greenville Health System Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : 23249366**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Mr. Michael C Riordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-4210

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

Name of Employer Greenville Health System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : 23249367**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Mr. Greg Rusnak**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-4211

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

Name of Employer Greenville Health System Occupation Executive Vice President and Chief Ope

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2016  
**Transaction ID : 23249368**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Dr. Tod N. Tappert</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2016 <b>Transaction ID : 23249369</b>
Mailing Address 101 W. Court St. #228		Amount of Each Receipt this Period 250.00
City Greenville	State SC	Zip Code 29601-2689
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Greenville Health System	Occupation Chief of Staff	
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. Dr. Jerry Youkey MD</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2016 <b>Transaction ID : 23249370</b>
Mailing Address 701 Grove Road		Amount of Each Receipt this Period 250.00
City Greenville	State SC	Zip Code 29605-5611
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Greenville Health System	Occupation Executive Vice President, Medical and	
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>C. Mr. Chris Hammes FACHE</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2016 <b>Transaction ID : 23249387</b>
Mailing Address 1001 East 18th Street		Amount of Each Receipt this Period 500.00
City Grove	State OK	Zip Code 74344-2907
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Integrus Grove Hospital	Occupation Interim President	
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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Lisa Hart**  
Full Name (Last, First, Middle Initial)

Mailing Address 429 West Elm Street

City Hobart State OK Zip Code 73651-1615

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

Name of Employer Elkview General Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : 23249388**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Mr. Bruce Lawrence**  
Full Name (Last, First, Middle Initial)

Mailing Address 3366 NW Expressway, Suite 800

City Oklahoma City State OK Zip Code 73112-4458

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

Name of Employer INTEGRIS Health Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : 23249390**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Mr. Jay R Johnson FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2000

City Duncan State OK Zip Code 73534-2000

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

Name of Employer Duncan Regional Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : 23249391**

Amount of Each Receipt this Period 500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Douglas K Weaver FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 278  
 City Pryor State OK Zip Code 74362-0278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AllianceHealth Pryor Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2016  
**Transaction ID : 23249581**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Mr. David D Whitaker FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1308  
 City Norman State OK Zip Code 73070-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norman Regional Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2016  
**Transaction ID : 23249582**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Mr. Brian K Woodliff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1008  
 City Tahlequah State OK Zip Code 74465-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northeastern Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2016  
**Transaction ID : 23249583**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. N Travis Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Memorial Drive

City Luray State VA Zip Code 22835-1005

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

Name of Employer Page Memorial Hospital Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : 23249793**

Amount of Each Receipt this Period  
 240.00

Memo Item

**B. Mr. James Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2406 Worchester Rd

City Midlothian State VA Zip Code 23113-6058

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

Name of Employer Bon Secours-Richmond Community Hospita Occupation Vice President Advocacy & Communicatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : 23249818**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C. Mr. Mark M Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 13710 St Francis Boulevard

City Midlothian State VA Zip Code 23114-3267

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

Name of Employer Bon Secours Memorial Regional Medical Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : 23249820**

Amount of Each Receipt this Period  
 450.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	990.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr Jim Groff**  
Full Name (Last, First, Middle Initial)

Mailing Address 14900 Conference Center Dr  
Ste. 550

City Chantilly State VA Zip Code 20151-3838

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

Name of Employer Virginia Hospital Center - Arlington Occupation Sr. Program Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
06 / 23 / 2016  
**Transaction ID : 23249822**

Amount of Each Receipt this Period  
750.00

Memo Item

**B. Mr Richard Tugman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1495 Langhorne Rd

City Lynchburg State VA Zip Code 24503-2515

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

Name of Employer Virginia Hospital & Healthcare Associa Occupation Chief Compliance Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
06 / 23 / 2016  
**Transaction ID : 23249885**

Amount of Each Receipt this Period  
225.00

Memo Item

**C. Ms Tracey VanMarcke**  
Full Name (Last, First, Middle Initial)

Mailing Address 5213 Brockton Ct

City Glen Allen State VA Zip Code 23059-5583

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

Name of Employer Virginia Hospital & Healthcare Associa Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 23 / 2016  
**Transaction ID : 23249886**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Konnie Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Blanca Avenue

City Alamosa State CO Zip Code 81101-2340

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

Name of Employer San Luis Valley Health Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : 23250395**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Mr. David C Pecoraro**  
Full Name (Last, First, Middle Initial)

Mailing Address 2420 West 26th Avenue, Suite 100-D

City Denver State CO Zip Code 80211-5302

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

Name of Employer SCL Health Occupation Senior Vice President and Chief Inform

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : 23250416**

Amount of Each Receipt this Period  
 280.00

Memo Item

**C. Mr. Mitchell C Carson**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1659

City Longmont State CO Zip Code 80502-1659

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

Name of Employer Longmont United Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : 23250418**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1030.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr Michael Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Eldorado Boulevard, Suite 100-  
 City Broomfield State CO Zip Code 80021-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SCL Health Occupation Excutive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : 23250419**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Mr. Michael T Baxter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 West 16th Street  
 City Pueblo State CO Zip Code 81003-2781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parkview Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : 23250420**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Mr. Brett Spenst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 South Broadway Street  
 City Littleton State CO Zip Code 80122-2602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Littleton Adventist Hospital 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 Y  
 06 / 24 / 2016  
**Transaction ID : 23250469**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. George E Hayes FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 East Boulder Street

City	State	Zip Code
Colorado Springs	CO	80909-5533

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

Name of Employer	Occupation
Memorial Hospital	President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : 23250470**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mr. Frank May**  
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Central Park Drive

City	State	Zip Code
Steamboat Springs	CO	80487-5010

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

Name of Employer	Occupation
Yampa Valley Medical Center	Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : 23250471**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Dr. Janice E. Nevin MD, MPH**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 6001

City	State	Zip Code
Newark	DE	19714-6001

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

Name of Employer	Occupation
Christiana Care Health System	Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : 23250505**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Terry Murphy**

Mailing Address 640 South State Street

City State Zip Code  
Dover DE 19901-3597

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

Name of Employer Occupation  
Bayhealth Medical Center President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2016  
**Transaction ID : 23250516**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr Roy Proujanski**

Mailing Address 144 Pau Nel Dr

City State Zip Code  
Landenberg PA 19350-1377

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

Name of Employer Occupation  
Alfred I. duPont Hospital for Children Chief Executive, Delaware Valley Opera

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2016  
**Transaction ID : 23250529**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Thomas Bres**

Mailing Address P O Box 30480

City State Zip Code  
Lansing MI 48909-7980

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

Name of Employer Occupation  
Sparrow Hospital Senior Vice President and Chief Admini

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2016  
**Transaction ID : 23250705**

Amount of Each Receipt this Period  
262.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1012.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Nancy Kay Graebner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 775 South Main Street  
 City Chelsea State MI Zip Code 48118-1383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Mercy Chelsea Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 23 / 2016  
**Transaction ID : 23250732**  
 Amount of Each Receipt this Period 262.50  
 Memo Item

**B. Mrs. Vickie R. Kunz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5835 N. Cochran Road  
 City Charlotte State MI Zip Code 48813-8624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Health & Hospital Association Occupation Senior Director, Health Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 23 / 2016  
**Transaction ID : 23250846**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**C. Mr. Kevin Leonard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2156 Lake Wood Drive  
 City Jackson State MI Zip Code 49203-5592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Allegiance Health Occupation Vice President of Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 23 / 2016  
**Transaction ID : 23250847**  
 Amount of Each Receipt this Period 262.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	805.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Rodney M Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1140 North State Street

City State Zip Code  
Saint Ignace MI 49781-1048

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

Name of Employer Occupation  
Mackinac Straits Health System, Inc. Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 23 / 2016**

**Transaction ID : 23250848**

Amount of Each Receipt this Period  
**525.00**

Memo Item

**B. Mr. Roger Spoelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 East Sherman Boulevard

City State Zip Code  
Muskegon MI 49444-1849

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

Name of Employer Occupation  
Mercy Health Hackley Campus President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 23 / 2016**

**Transaction ID : 23250852**

Amount of Each Receipt this Period  
**525.00**

Memo Item

**C. Ms. Karen Ali**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Sherbrook Drive

City State Zip Code  
Princeton NJ 08550-1229

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

Name of Employer Occupation  
New Jersey Hospital Association General Counsel, Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **377.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 10 / 2016**

**Transaction ID : 23250944**

Amount of Each Receipt this Period  
**6.50**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1056.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Tammy L. Curren**

Mailing Address 229 Lakeshore Drive

City Marilton State NJ Zip Code 08053-7037

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

Name of Employer Kennedy Health Occupation Assistant Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **292.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2016  
**Transaction ID : 23250958**

Amount of Each Receipt this Period  
 227.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael Guerriero**

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.23**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2016  
**Transaction ID : 23250970**

Amount of Each Receipt this Period  
 6.50

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

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

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2016  
**Transaction ID : 23250971**

Amount of Each Receipt this Period  
 6.50

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **240.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David P. Lavins**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fox Chase Road

City Malvern State PA Zip Code 19355-3441

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

Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.45

Date of Receipt 06 / 10 / 2016  
**Transaction ID : 23250977**

Amount of Each Receipt this Period 6.50

Memo Item

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

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation VP, GME and Teaching Hospital Issues

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 279.50

Date of Receipt 06 / 10 / 2016  
**Transaction ID : 23250988**

Amount of Each Receipt this Period 6.50

Memo Item

**C. Ms. Karen Ali**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Sherbrook Drive

City Princeton State NJ Zip Code 08550-1229

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

Name of Employer New Jersey Hospital Association Occupation General Counsel, Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 383.50

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 23251038**

Amount of Each Receipt this Period 6.50

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 19.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Nancy Barone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 423  
 City Neptune State NJ Zip Code 07754-0423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CentraState Healthcare System Occupation Vice President, Development  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 227.50

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 23251040**  
 Amount of Each Receipt this Period 227.50  
 Memo Item

**B. Mr. Michael Guerriero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Alexander Road  
 City Princeton State NJ Zip Code 08540-6305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 244.38

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 23251070**  
 Amount of Each Receipt this Period 33.15  
 Memo Item

**C. Mr. Sean J. Hopkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6180 Lower Mountain Road  
 City New Hope State PA Zip Code 18938-5760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 243.74

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 23251073**  
 Amount of Each Receipt this Period 33.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	293.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. O. Scott Lauter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Egbert Avenue  
 City State Zip Code  
 Morristown NJ 07960-3705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Atlantic Health System CMO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 227.50

Date of Receipt  
 06 / 24 / 2016  
**Transaction ID : 23251085**  
 Amount of Each Receipt this Period  
 227.50  
 Memo Item

**B. Mr. David P. Lavins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Fox Chase Road  
 City State Zip Code  
 Malvern PA 19355-3441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Jersey Hospital Association Chief Financial Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.04

Date of Receipt  
 06 / 24 / 2016  
**Transaction ID : 23251087**  
 Amount of Each Receipt this Period  
 46.59  
 Memo Item

**C. Dr. Kenneth Sable MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Masestic Woods Drive  
 City State Zip Code  
 Monroe Township NJ 08831-5872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hackensack Meridian Health President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 06 / 24 / 2016  
**Transaction ID : 23251093**  
 Amount of Each Receipt this Period  
 1300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1574.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John Slotman**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation VP, GME and Teaching Hospital Issues

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.29

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 23251096**

Amount of Each Receipt this Period 46.79

Memo Item

**B. Mr. George W Greene ESQ**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 Richards Street, PH2

City Honolulu State HI Zip Code 96813-4613

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

Name of Employer Healthcare Association of Hawaii Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2016  
**Transaction ID : 23253366**

Amount of Each Receipt this Period 125.00

Memo Item

**C. Mr. Chad R. Austin**  
Full Name (Last, First, Middle Initial)

Mailing Address 6518 SW 26th Court

City Topeka State KS Zip Code 66614-4305

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

Name of Employer Kansas Hospital Association Occupation Sr. Vice President, Government Relatio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 27 / 2016  
**Transaction ID : 23254045**

Amount of Each Receipt this Period 38.46

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas L Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Southeast 8th Avenue

City Topeka State KS Zip Code 66603-3906

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

Name of Employer Kansas Hospital Association Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2016  
**Transaction ID : 23254047**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Mr. David P Setchel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 SW 7th Street

City Topeka State KS Zip Code 66606-2489

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

Name of Employer St. Francis Health Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2016  
**Transaction ID : 23254067**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Mr. Greg Unruh**  
Full Name (Last, First, Middle Initial)

Mailing Address 865 N. Thompson

City Colby State KS Zip Code 67701-3702

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

Name of Employer Citizens Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2016  
**Transaction ID : 23254071**

Amount of Each Receipt this Period  
 250.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Michael L Fordyce**  
Full Name (Last, First, Middle Initial)

Mailing Address 3425 South Clarkson Street

City	State	Zip Code
Englewood	CO	80113-2811

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

Name of Employer	Occupation
Craig Hospital	President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 23257734**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Ms. Toni R Ardabell RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Bremono Road

City	State	Zip Code
Richmond	VA	23226-1907

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

Name of Employer	Occupation
Bon Secours St. Mary's Hospital	Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 23277221**

Amount of Each Receipt this Period  
900.00

Memo Item

**C. Mr. Sean Connaughton**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 31394

City	State	Zip Code
Richmond	VA	23294-1394

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

Name of Employer	Occupation
Virginia Hospital & Healthcare Associa	President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 23277223**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Gary A. Welch**  
Full Name (Last, First, Middle Initial)

Mailing Address 3101 KensingtonAve  
Unit 404

City Richmond State VA Zip Code 23221-2478

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

Name of Employer Occupation  
Bon Secours Memorial Regional Medical Assistant to the Chief Executive Offic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
06 / 28 / 2016  
**Transaction ID : 23277227**

Amount of Each Receipt this Period  
225.00

Memo Item

**B. Ms. Pamela K Delagardelle**  
Full Name (Last, First, Middle Initial)

Mailing Address 1825 Logan Avenue

City Waterloo State IA Zip Code 50703-1916

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

Name of Employer Occupation  
UnityPoint Health - Allen Hospital President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
06 / 27 / 2016  
**Transaction ID : 23277237**

Amount of Each Receipt this Period  
625.00

Memo Item

**C. Ms. Donna J Vandehaar MBA, RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11505 NW 114th Avenue

City Granger State IA Zip Code 50109-9727

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

Name of Employer Occupation  
Dallas County Hospital Interim Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 27 / 2016  
**Transaction ID : 23277238**

Amount of Each Receipt this Period  
300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Timothy L Charles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Tenth Street SE  
 City Cedar Rapids State IA Zip Code 52403-1251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center-Cedar Rapids Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 27 / 2016**  
**Transaction ID : 23277239**  
 Amount of Each Receipt this Period **750.00**  
 Memo Item

**B. Ms. Kay Takes RN, MA, CN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25449 Garryowen Rd  
 City Cascade State IA Zip Code 52033-9676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center-Dubuque Occupation President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 27 / 2016**  
**Transaction ID : 23277242**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Mr. Perry J. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 SE Olson Drive  
 City Waukee State IA Zip Code 50263-8180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **06 / 27 / 2016**  
**Transaction ID : 23277243**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Rebecca Anthony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue  
 Suite 100  
 City Des Moines State IA Zip Code 50309-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Vice President, Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.01

Date of Receipt 06 / 27 / 2016  
**Transaction ID : 23277244**  
 Amount of Each Receipt this Period 46.43  
 Memo Item

**B. Ms. Maureen Keehne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue  
 Suite 100  
 City Des Moines State IA Zip Code 50309-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Vice President and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 27 / 2016  
**Transaction ID : 23277245**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Mr. Dan Royer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue  
 City Des Moines State IA Zip Code 50309-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Director, Advocacy Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.01

Date of Receipt 06 / 27 / 2016  
**Transaction ID : 23277246**  
 Amount of Each Receipt this Period 35.72  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Sara Vanderpool Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 East Grand Avenue, Suite 100

City Des Moines	State IA	Zip Code 50309-1800
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FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association	Occupation Director of Government Relations & Sta
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : 23277247**

Amount of Each Receipt this Period  

37.50
-------

 Memo Item

**B. Ms. JoAnn Kunkel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 324 N. La Salle Ave.

City Sioux Falls	State SD	Zip Code 57110-1222
---------------------	-------------	------------------------

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

Name of Employer Sanford Health	Occupation Chief Financial Officer
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 23277274**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

**C. Mr. Bob Sutton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2026 Lancaster Lane

City Pierre	State SD	Zip Code 57501-4901
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FEC ID number of contributing federal political committee. **C**

Name of Employer Avera Health	Occupation Vice President Community Relations
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 23277276**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	537.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Arthur Mathisen FACHE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 Overlook Hill RD  
City Morrisville State VT Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Copley Hospital Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 23 / 2016**  
**Transaction ID : 23277794**  
Amount of Each Receipt this Period **600.00**  
 Memo Item

**B. Ms. Melinda Reid Hatton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400  
City Washington State DC Zip Code 20001-5188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR1045726239152**  
Amount of Each Receipt this Period **76.94**  
 Memo Item  
P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. Dale A Kirby**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 331  
City Colusa State CA Zip Code 95932-0331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR1125892339152**  
Amount of Each Receipt this Period **76.94**  
 Memo Item  
P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **753.88**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Matthew Fenwick**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 North Wacker Drive, Suite 400

City Chicago	State IL	Zip Code 60606-1719
-----------------	-------------	------------------------

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

Name of Employer American Hospital Association	Occupation Senior Executive Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
277.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR1234662939152**

Amount of Each Receipt this Period  
111.12

Memo Item

P/R Deduction (\$55.56 Bi-Weekly)

**B. Mr. Jack A. Mackay**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago	State IL	Zip Code 60606-3436
-----------------	-------------	------------------------

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

Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR1347703639152**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**C. Mr. Erik Rasmussen**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW  
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR1819487939152**

Amount of Each Receipt this Period  
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Shari Dexter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 10th Street, NW, Suite 400

City Washington	State DC	Zip Code 20001-5189
--------------------	-------------	------------------------

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

Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR1878189839152**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Evelyn Knolle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 10th Street, NW  
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director, Policy -TR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR1913190739152**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**C. Ms. Juanita Myrick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 10th Street, NW  
Two CityCenter, Suite 400

City Washington	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

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

Name of Employer American Hospital Association-Washingt	Occupation Director, Employee Relations
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR1913192539152**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	115.44
<b>TOTAL</b> This Period (last page this line number only).....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Jennifer Schleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 10th Street, NW  
 Two CityCenter, Suite 400  
 City Washington State DC Zip Code 20001-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Media Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR1913194039152**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Janet Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 North Wacker Drive  
 City Chicago State IL Zip Code 60606-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR1937843139152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Diane Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 10th Street, NW  
 Two CityCenter, Suite 400  
 City Washington State DC Zip Code 20001-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR1943461539152**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 74 OF 111
Use separate schedule(s) for each category of the Detailed Summary Page
[X] 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Priscilla Ross
Full Name (Last, First, Middle Initial)
Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400
City Washington State DC Zip Code 20001-5188
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Federal Rel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.12

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2053848439152
Amount of Each Receipt this Period 38.48
Memo Item
P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Marie A Cleary-Fishman
Full Name (Last, First, Middle Initial)
Mailing Address 155 N Wacker Drive
6102
City Chicago State IL Zip Code 60606-1787
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago Occupation VP Clinical Quality
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 315.84

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2053848939152
Amount of Each Receipt this Period 105.28
Memo Item
P/R Deduction (\$52.64 Bi-Weekly)

C. Ms Kristina Weger
Full Name (Last, First, Middle Initial)
Mailing Address 800 10th Street NW
Two CityCenter, Suite 400
City Washington State DC Zip Code 20001-5188
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.12

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2058887039152
Amount of Each Receipt this Period 38.48
Memo Item
P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 182.24
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 OF 111 (check only one) [X] 11a 11b 11c 12 13 14 15 16 17

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NAME OF COMMITTEE (In Full) American Hospital Association PAC

A. Mr Travis E Robey Full Name (Last, First, Middle Initial) Mailing Address 800 10th Street NW Two CityCenter, Suite 400 City Washington State DC Zip Code 20001-5188

Date of Receipt 06 / 30 / 2016 Transaction ID : PR2060308239152 Amount of Each Receipt this Period 38.48 Memo Item P/R Deduction (\$19.24 Bi-Weekly)

B. Mr. Michael P. McCue Full Name (Last, First, Middle Initial) Mailing Address 122 N. Greenwood Avenue City Park Ridge State IL Zip Code 60068-3227

Date of Receipt 06 / 30 / 2016 Transaction ID : PR327771639152 Amount of Each Receipt this Period 76.94 Memo Item P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Suzanne R. Sonik Full Name (Last, First, Middle Initial) Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436

Date of Receipt 06 / 30 / 2016 Transaction ID : PR32777239152 Amount of Each Receipt this Period 38.48 Memo Item P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 153.90 TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Debra J. Stock**  
Full Name (Last, First, Middle Initial)

Mailing Address 1022 S. Harvey Avenue

City State Zip Code  
Oak Park IL 60304-2132

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

Name of Employer Occupation  
American Hospital Association-Chicago Vice President, Member Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : PR32777839152**

Amount of Each Receipt this Period  
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. Neil Jesuele**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 N Wacker Dr

City State Zip Code  
Chicago IL 60606-1709

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

Name of Employer Occupation  
American Hospital Association-Chicago Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : PR327801739152**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**C. Ms. Pamela Austin Thompson MS,RN,FAAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10524 Knollwood Drive

City State Zip Code  
Manassas VA 20111-2834

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

Name of Employer Occupation  
AONE Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : PR327812039152**

Amount of Each Receipt this Period  
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 111
	<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)  
**American Hospital Association PAC**

**A. Ms. Joan H. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR327831739152**

Amount of Each Receipt this Period 38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. Mark Seklecki**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR327858039152**

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. Jack F. Barry**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 District Avenue

City Burlington State MA Zip Code 01803-5041

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR327877839152**

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 192.36

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. George Bergstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 N. Wacker Drive  
 City Chicago State IL Zip Code 60606-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR327895739152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. Thomas J. Bonner FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 679010  
 City Austin State TX Zip Code 78767-9010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR327983739152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Donna J. Melkonian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5545 North Wayne  
 City Chicago State IL Zip Code 60640-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR328223839152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Ron O. Purcell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1093 N. Faldo Way

City Eagle State ID Zip Code 83616-5369

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR328241439152**

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. Richard J. Pollack**  
Full Name (Last, First, Middle Initial)

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

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

Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR328260939152**

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Carolyn Forcina**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR328511839152**

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.82
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Alicia N. Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 N. Harrison Street  
 City State Zip Code  
 Arlington VA 22205-2726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Washingt Senior Vice President, Communications  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : PR328512039152**  
 Amount of Each Receipt this Period  
 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. George Arges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin St.  
 City State Zip Code  
 Chicago IL 60606-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Chicago Senior Director, Health Data Managemen  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : PR328641139152**  
 Amount of Each Receipt this Period  
 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. Ms. Rebecca Chickey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin Street  
 City State Zip Code  
 Chicago IL 60606-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Chicago SPSA Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : PR329013439152**  
 Amount of Each Receipt this Period  
 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. John R. Combes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR329071339152**  
 Amount of Each Receipt this Period **76.94**  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Robyn L. Bash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400  
 City Washington State DC Zip Code 20001-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR329084439152**  
 Amount of Each Receipt this Period **76.94**  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. W. Thomas Deweese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5201 Virginia Way  
 City Brentwood State TN Zip Code 37027-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR329215739152**  
 Amount of Each Receipt this Period **76.94**  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.82</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Patricia Meersman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.12**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR33034339152**  
 Amount of Each Receipt this Period **38.48**  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. Thomas Misfeldt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR330411639152**  
 Amount of Each Receipt this Period **76.94**  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. Paul N. Muraca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 138th Circle West  
 City Apple Valley State MN Zip Code 55124-9229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR330475439152**  
 Amount of Each Receipt this Period **76.94**  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>192.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 83 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Gene O'Dell**  
 Mailing Address 155 North Wacker Drive, Suite 400  
 City Chicago State IL Zip Code 60606-1719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR330547739152**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Eileen O'Keefe**  
 Mailing Address 172 Atteridge  
 City Lake Forest State IL Zip Code 60045-1715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Constituency Section  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR330549239152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Mr. Anthony Spohn**  
 Mailing Address 3219 N. Oriole  
 City Chicago State IL Zip Code 60634-3232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Membersh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR331098339152**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 153.90  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Debi H. Tucker Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 N. Kentucky Street  
 City Arlington State VA Zip Code 22205-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, State Issues Forum  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR331278839152**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Darlene Vanderbush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400  
 City Washington State DC Zip Code 20001-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Executive Office Opera  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR331304239152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Megan Cundari**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400  
 City Washington State DC Zip Code 20001-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR518031939152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Laura M. Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 10th Street, NW  
 Two CityCenter, Suite 400  
 City Washington State DC Zip Code 20001-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR560101539152**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Ashley B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 606 S. Royal St.  
 City Alexandria State VA Zip Code 22314-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.11

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR766023739152**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Lisa Kidder Hrobsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 10th Street NW  
 Two CityCenter, Suite 400  
 City Washington State DC Zip Code 20001-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Grassroots and Advocac  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.12

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR876637239152**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> This Period (last page this line number only).....	73641.86

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 111
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3835.00

Date of Receipt  
06 / 01 / 2016  
**Transaction ID : 23231256**

Amount of Each Receipt this Period  
350.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Hospital and Healthsystem Assoc. of PA (F)**

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
54050.00

Date of Receipt  
06 / 06 / 2016  
**Transaction ID : 23232648**

Amount of Each Receipt this Period  
54050.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4335.00

Date of Receipt  
06 / 24 / 2016  
**Transaction ID : 23246435**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	54900.00

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

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

FOR LINE NUMBER: PAGE 87 OF 111  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. TD Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Seventh Street, NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1647.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : 23286634**  
 Amount of Each Receipt this Period  
 293.66  
 Memo Item  
 Interest Earned

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	293.66
<b>TOTAL</b> This Period (last page this line number only).....▶	293.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 23286651

Amount of Each Disbursement this Period

Memo Item  
Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Paymentech**

Mailing Address 14221 Dallas Parkway Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 23286652

Amount of Each Disbursement this Period

Memo Item  
Merchant Fees

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 23286654

Amount of Each Disbursement this Period

Memo Item  
Merchant Fees

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 23286655**

Amount of Each Disbursement this Period

Memo Item  
Bank Fee

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement Contribution

Candidate Name

**Rep. Dave Joyce**

Office Sought:  House  Senate  President  
State: OH District: 14

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

**Transaction ID : 23221035**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Coffman For Congress**

Mailing Address 9249 South Broadway #200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement Contribution

Candidate Name

**Rep. Mike Coffman**

Office Sought:  House  Senate  President  
State: CO District: 06

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

**Transaction ID : 23221037**

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Nadler For Congress**

Mailing Address Village Station, PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement Contribution

Candidate Name

**Rep. Jerrold L. Nadler**

Office Sought:  House  Senate  President  
State: NY District: 10

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

**Transaction ID : 23221038**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

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

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

**Transaction ID : 23221040**

Amount of Each Disbursement this Period

1350.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Joe Wilson For Congress Committee**

Mailing Address PO Box 2145

City State Zip Code  
West Columbia SC 29171

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joe Wilson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : 23231595**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Bonnie Watson Coleman For Congress**

Mailing Address 918 Pennsylvania Ave, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Bonnie Watson Coleman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : 23231598**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

3350.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Schatz For Senate**

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Sen. Brian E. Schatz**

Office Sought:  House  
 Senate  
 President  
State: HI District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232253**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. The Bill Keating Committee**

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. William Keating**

Office Sought:  House  
 Senate  
 President  
State: MA District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232255**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Dan Kildee**

Office Sought:  House  
 Senate  
 President  
State: MI District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232265**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Sean Patrick Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232266**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Greg P. Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232267**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Bluegrass Committee**

Mailing Address 400 North Capitol St, NW  
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Bluegrass Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232268**

Amount of Each Disbursement this Period

2500.00

Memo Item  
2016 Contribution

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

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b through 30b with checkboxes. Line 23 is checked.

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NAME OF COMMITTEE (In Full) American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Mailing Address PO Box 30344

Date of Disbursement

Date selection grid showing 06/08/2016

City Bethesda State MD Zip Code 20824

Transaction ID : 23232274

Purpose of Disbursement 2016 Contribution

Category/Type grid with 011 selected

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Candidate Name GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other (specify). State: District:

Memo Item 2016 Contribution

Full Name (Last, First, Middle Initial)

B. The Madison PAC

Mailing Address 235 State Street #206

Date of Disbursement

Date selection grid showing 06/08/2016

City Springfield State MA Zip Code 01103

Transaction ID : 23232275

Purpose of Disbursement 2016 Contribution

Category/Type grid with 011 selected

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Candidate Name The Madison PAC

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other (specify). State: District:

Memo Item 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

Date of Disbursement

Date selection grid showing 06/08/2016

City Lexington State KY Zip Code 40588

Transaction ID : 23232276

Purpose of Disbursement Contribution

Category/Type grid with 011 selected

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Candidate Name Rep. Andy Barr

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other (specify). State: KY District: 06

Memo Item Contribution

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

Amount grid showing 7000.00

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

Amount grid showing 7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joseph Crowley**

Office Sought:  House  
 Senate  
 President  
State: NY District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232306**

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Louise McIntosh Slaughter**

Office Sought:  House  
 Senate  
 President  
State: NY District: 25

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 23232307**

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Lisa Murkowski For U.S. Senate**

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Lisa Murkowski**

Office Sought:  House  
 Senate  
 President  
State: AK District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240585**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Rep. Michael C. Burgess M.D.**

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 23240586**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Butterfield For Congress**

Mailing Address 434 Fayetteville Street  
Suite 2020

City State Zip Code  
Raleigh NC 27601

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Rep. G. K. Butterfield**

Office Sought:  House  
 Senate  
 President  
State: NC District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 23240589**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Gallego For Arizona**

Mailing Address PO Box 1710

City State Zip Code  
Phoenix AZ 85001

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Rep. Ruben Gallego**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 23240591**

Amount of Each Disbursement this Period

Memo Item  
Contribution

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Garret Graves For Congress**

Mailing Address PO Box 64845

City State Zip Code  
Baton Rouge LA 70896

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Garret Graves**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240592**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City State Zip Code  
Houston TX 77222

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gene Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240594**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Hoyer For Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240596**

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

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

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

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Hurd For Congress**

Mailing Address PO Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Will Hurd**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240598**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. LaHood For Congress**

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Darin LaHood**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240599**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Norma Torres For Congress**

Mailing Address 728 W Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Norma Torres**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240600**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Vargas For Congress**

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Juan C. Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : 23240602

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Frederica S. Wilson For Congress**

Mailing Address 19821 Nw 2nd Avenue  
Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Frederica S. Wilson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : 23240603

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Frederica S. Wilson For Congress**

Mailing Address 19821 Nw 2nd Avenue  
Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Frederica S. Wilson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : 23240604

Amount of Each Disbursement this Period

500.00

Memo Item  
Contribution

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

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. CHERPAC**

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2016 Contribution

011

Candidate Name  
**CHERPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240606**

Amount of Each Disbursement this Period

1000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Deciding Critical Races PAC (DCR PAC)**

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement  
2016 Contribution

011

Candidate Name  
**Deciding Critical Races PAC (DCR PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240608**

Amount of Each Disbursement this Period

2000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Keystone Victory Fund**

Mailing Address 10 G Street, NE - Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Keystone Victory Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240610**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Motor City PAC**

Mailing Address 600 Pennsylvania Avenue, SE  
Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Motor City PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240612**

Amount of Each Disbursement this Period

1000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**B. TENN PAC**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**TENN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240613**

Amount of Each Disbursement this Period

1000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Brian Higgins For Congress**

Mailing Address P.O. Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Brian M. Higgins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240622**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Contribution

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

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Wild and Wonderful PAC**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2016 Contribution

011

Candidate Name  
**Wild and Wonderful PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240625**

Amount of Each Disbursement this Period

2000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**B. More Conservatives PAC**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name  
**More Conservatives PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240708**

Amount of Each Disbursement this Period

1000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Sean Patrick Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 23240709**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Contribution

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

5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve Stivers**

Office Sought:  House  
 Senate  
 President  
State: OH District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 23240710**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Rob Wittman For Congress**

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Robert J. Wittman**

Office Sought:  House  
 Senate  
 President  
State: VA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 23240711**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Graves For Congress**

Mailing Address 2345 Grand Boulevard  
Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
Void of 04/16 Check

Candidate Name

**Rep. Samuel B. Graves Jr.**

Office Sought:  House  
 Senate  
 President  
State: MO District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 23246241**

Amount of Each Disbursement this Period

Memo Item  
Void of 04/16 Check

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Tom Reed For Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement  
Void of 05/16 Check

Candidate Name  
**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

**Transaction ID : 23246242**

Amount of Each Disbursement this Period

-1000.00

Memo Item  
Void of 05/16 Check

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**Democratic Senatorial Campaign Committee**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246840**

Amount of Each Disbursement this Period

15000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Boozman For Arkansas**

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. John Boozman**

Office Sought:  House  
 Senate  
 President  
State: AR District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246842**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

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

15000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246844**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Cummings For Congress Campaign Committee**

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Elijah E. Cummings**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246850**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Emmer For Congress**

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Thomas Emmer Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246890**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Brownley For Congress**

Mailing Address PO Box 2018

City State Zip Code  
Thousand Oaks CA 91358

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Julia Brownley**

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246891**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Foster For Congress**

Mailing Address P.O. Box 9104

City State Zip Code  
Aurora IL 60598

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Foster PhD**

Office Sought:  House  
 Senate  
 President  
State: IL District: 11

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246892**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Van Hollen For Senate**

Mailing Address 10605 Concord St Suite 202

City State Zip Code  
Kensington MD 20895

Purpose of Disbursement  
Contribution

Candidate Name

**Chris Van Hollen**

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246893**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

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

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

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Weber For Congress**

Mailing Address PO Box 1327

City Friendswood State TX Zip Code 77549

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Randy Weber**

Office Sought:  House  
 Senate  
 President  
State: TX District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246932**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address 2345 Grand Boulevard  
Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Samuel B. Graves Jr.**

Office Sought:  House  
 Senate  
 President  
State: MO District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246933**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : 23246934**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Common Values PAC**

Mailing Address 901 N. Washington Street  
Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Common Values PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : 23250521**

Amount of Each Disbursement this Period

1000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Good Fund, The**

Mailing Address PO Box 3404

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Good Fund, The**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : 23250522**

Amount of Each Disbursement this Period

5000.00

Memo Item  
2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Bilirakis For Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Gus M. Bilirakis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : 23250550**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Contribution

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bilirakis For Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement Contribution

Candidate Name

**Rep. Gus M. Bilirakis**

Office Sought:  House  Senate  President

State: FL District: 12

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : 23250551**

Amount of Each Disbursement this Period

3500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Hastings For Congress**

Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement Contribution

Candidate Name

**Rep. Alcee L. Hastings**

Office Sought:  House  Senate  President

State: FL District: 20

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : 23250552**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Bill Posey**

Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement Contribution

Candidate Name

**Rep. Bill Posey**

Office Sought:  House  Senate  President

State: FL District: 08

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : 23250553**

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

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

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

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel Webster For Congress**

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Daniel Webster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 23250554**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Frederica S. Wilson For Congress**

Mailing Address 19821 Nw 2nd Avenue  
Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Frederica S. Wilson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 23250555**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Democrats Win Seats PAC**

Mailing Address 1071 Turin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Democrats Win Seats PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 23250556**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
2016 Contribution

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Val Demings For Congress**

Mailing Address PO Box 536926

City Orlando State FL Zip Code 32853

Purpose of Disbursement  
Contribution

011

Candidate Name

**Valdez Demings**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 23250557**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Jaime For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jaime Herrera-Beutler**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 23250559**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

6000.00

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

122350.00