

**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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. David L Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address 12451 East 100th Street North

City	State	Zip Code
Owasso	OK	74055-4600

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

Name of Employer	Occupation
St. John Owasso	President and 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  
 02 / 15 / 2012  
**Transaction ID : 19740518**

Amount of Each Receipt this Period  
 250.00

**B. Mr. David R Stire**  
Full Name (Last, First, Middle Initial)

Mailing Address 3500 East Frank Phillips Boulevard

City	State	Zip Code
Bartlesville	OK	74006-2411

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

Name of Employer	Occupation
Jane Phillips Medical Center	President and 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  
 02 / 15 / 2012  
**Transaction ID : 19740519**

Amount of Each Receipt this Period  
 250.00

**C. Dr. Thomas C Dolan**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin, Suite 1700

City	State	Zip Code
Chicago	IL	60606-3424

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

Name of Employer	Occupation
American College of Healthcare Executi	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  
 02 / 26 / 2012  
**Transaction ID : 19740586**

Amount of Each Receipt this Period  
 500.00

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