

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW

Suite 700

Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00106146

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On:
Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
02/01/2014 through 02/28/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton [Electronically Filed] Date

MM/DD/YYYY
03/19/2014

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

Table with 7 columns and 1 row for Office Use Only

**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="2014"/>		3126501.95
(b) Cash on Hand at Beginning of Reporting Period.....	3211956.08	
(c) Total Receipts (from Line 19)	47016.45	163985.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3258972.53	3290487.83
7. Total Disbursements (from Line 31).....	87937.14	119452.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3171035.39	3171035.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	32722.50	41722.50
(ii) Unitemized	9045.45	16747.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41767.95	58469.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	46767.95	63469.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	100000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	248.50	516.30
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))..... ▶	47016.45	163985.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47016.45	163985.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	187.14	452.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	187.14	452.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87750.00	119000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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)) ..	87937.14	119452.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87937.14	119452.44

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)	46767.95	63469.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46767.95	63469.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	187.14	452.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	187.14	452.44

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

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

FOR LINE NUMBER: PAGE 6 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Dr. Alan L Goldbloom M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 Chicago Avenue South
 City State Zip Code
 Minneapolis MN 55404-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Children's Hospitals and Clinics of Mi 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
 02 / 04 / 2014
Transaction ID : 21563687
 Amount of Each Receipt this Period
 500.00

B. Dr. Terence Pladson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Sixth Avenue North
 City State Zip Code
 Saint Cloud MN 56303-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CentraCare Health 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
 02 / 04 / 2014
Transaction ID : 21563690
 Amount of Each Receipt this Period
 500.00

C. Mr. Carl P Vaagenes
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 17th Avenue East
 City State Zip Code
 Alexandria MN 56308-5273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Douglas County Hospital 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
 02 / 04 / 2014
Transaction ID : 21563692
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 7 OF 46
	<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. Erik Martin
Full Name (Last, First, Middle Initial)

Mailing Address 3333 Burnet Avenue

City Cincinnati State OH Zip Code 45229-3026

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

Name of Employer Cincinnati Children's Hospital Medical Occupation Clinical Director Pediatric Intensive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 06 / 2014
Transaction ID : 21563882

Amount of Each Receipt this Period 350.00

B. Mr. Craig W Jones
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Lincoln Boulevard

City Oklahoma City State OK Zip Code 73105-5207

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

Name of Employer Oklahoma Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt 02 / 05 / 2014
Transaction ID : 21565124

Amount of Each Receipt this Period 925.00

C. Mr. Drew Sones
Full Name (Last, First, Middle Initial)

Mailing Address 14945 Janine Dr.

City Whittier State CA Zip Code 90605-1708

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

Name of Employer Presbyterian Intercommunity Health Hos Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 07 / 2014
Transaction ID : 21565882

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional).....▶ 1625.00

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: PAGE 8 OF 46
(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. Carol Bradley MSN, RN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 NW Lovejoy Street
 City Portland State OR Zip Code 97209-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legacy Health Occupation Senior Vice President and Chief Nursin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2014
Transaction ID : 21567064
 Amount of Each Receipt this Period 500.00

B. Ms. Karen Wray MSN, RN-BC
 Full Name (Last, First, Middle Initial)
 Mailing Address 13805 S Seminole Dr
 City Olathe State KS Zip Code 66062-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kansas Hospital, The Occupation Nursing Director, Acute Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 11 / 2014
Transaction ID : 21567142
 Amount of Each Receipt this Period 350.00

c. Dr. Mary Crabtree Tonges PhD, RN, N
 Full Name (Last, First, Middle Initial)
 Mailing Address 2605 University Drive
 City Durham State NC Zip Code 27707-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Carolina Hospitals Occupation Sr VP, Nursing Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 14 / 2014
Transaction ID : 21573012
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00
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 9 OF 46
	<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 A Ushijima
Full Name (Last, First, Middle Initial)

Mailing Address 1099 Alakea Street, Suite 1100

City	State	Zip Code
Honolulu	HI	96813-4512

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

Name of Employer	Occupation
Queen's Medical Center	President

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
 02 / 12 / 2014
Transaction ID : 21577892

Amount of Each Receipt this Period
 1000.00

B. Dr. Cheryl L. Hoying Ph.D., RN,
Full Name (Last, First, Middle Initial)

Mailing Address 1241 Ashland Avenue

City	State	Zip Code
Dayton	OH	45420-1503

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

Name of Employer	Occupation
Cincinnati Children's Hospital Medical	Senior Vice President, Patient Care Se

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
 02 / 14 / 2014
Transaction ID : 21577948

Amount of Each Receipt this Period
 1000.00

C. Ms. Constance A Howes ESQ
Full Name (Last, First, Middle Initial)

Mailing Address 101 Dudley Street

City	State	Zip Code
Providence	RI	02905-2499

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

Name of Employer	Occupation
Women & Infants Hospital of Rhode Isla	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
 02 / 18 / 2014
Transaction ID : 21578046

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 10 OF 46
	<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. Kim C. Byas Sr., MPH,		Date of Receipt MM / DD / YYYY 02 / 19 / 2014
Mailing Address One North Franklin		Transaction ID : 21581692
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
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. Dr. DeWayne Pursley		Date of Receipt MM / DD / YYYY 02 / 21 / 2014
Mailing Address 330 Brookline Avenue		Transaction ID : 21582376
City Boston	State MA	Zip Code 02215-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Beth Israel Deaconess Medical Center	Occupation Chief, Department of Neonatology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. William G Robertson		Date of Receipt MM / DD / YYYY 02 / 21 / 2014
Mailing Address 2000 Sondra Ct		Transaction ID : 21583059
City Silver Spring	State MD	Zip Code 20905-3950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.00
Name of Employer Adventist HealthCare	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 ▼ 255.00	

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
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 11 OF 46
<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. Daniel Griess
Full Name (Last, First, Middle Initial)

Mailing Address 744 W. 16th St

City Alliance State NE Zip Code 69301-0810

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

Name of Employer Box Butte General Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2014
Transaction ID : 21583088

Amount of Each Receipt this Period 250.00

B. Ms. Amy J Hoey RN, BSN, M
Full Name (Last, First, Middle Initial)

Mailing Address 295 Varnum Ave

City Lowell State MA Zip Code 01854-2134

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

Name of Employer Lowell General Hospital Occupation VP, Patient Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 21 / 2014
Transaction ID : 21583123

Amount of Each Receipt this Period 375.00

C. Ms. Mary K Moscato
Full Name (Last, First, Middle Initial)

Mailing Address 22 Andrews Road

City Wakefield State MA Zip Code 01880-5135

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

Name of Employer Hebrew Rehabilitation Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 21 / 2014
Transaction ID : 21583124

Amount of Each Receipt this Period 375.00

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 12 OF 46
	<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. Ken F. Sands MD, MPH		Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : 21583125
Mailing Address 330 Brookline Avenue Suite 205		Amount of Each Receipt this Period 262.50
City Boston	State MA	Zip Code 02215-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 262.50
Name of Employer Beth Israel Deaconess Medical Center	Occupation Director, Quality and Safety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) B. Ms. Gail Latimer MSN, RN		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 21583281
Mailing Address 130 Country Club Dr		Amount of Each Receipt this Period 500.00
City Lansdale	State PA	Zip Code 19446-1456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Siemens Medical Solutions	Occupation Vice President and Chief Nursing Offic	
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) C. Mr. Steven A Rose RN, MN		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 21584604
Mailing Address 801 Middleford Road		Amount of Each Receipt this Period 500.00
City Seaford	State DE	Zip Code 19973-3636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nanticoke Memorial Hospital	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	

SUBTOTAL of Receipts This Page (optional).....▶	1262.50
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: PAGE 13 OF 46
(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. Daniel J Perdue

Mailing Address 2005 Warren Avenue

City State Zip Code
Cheyenne WY 82001-3725

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

Name of Employer Occupation
Wyoming Hospital Association 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
 02 / 24 / 2014
Transaction ID : 21584606

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Linda J Knodel MHA, MSN,

Mailing Address 1235 East Cherokee Street

City State Zip Code
Springfield MO 65804-2203

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

Name of Employer Occupation
Mercy Hospital Springfield Senior Vice President and Chief Nursin

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
 02 / 24 / 2014
Transaction ID : 21584610

Amount of Each Receipt this Period
500.00

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

Mailing Address 273 County Road

City State Zip Code
New London NH 03257-5736

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

Name of Employer Occupation
New London 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
 02 / 25 / 2014
Transaction ID : 21587127

Amount of Each Receipt this Period
500.00

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: PAGE 14 OF 46
(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. Dr. Patricia S Yoder-Wise RN, Ed.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7309 93rd St
 City Lubbock State TX Zip Code 79424-4939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wise Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : 21587807
 Amount of Each Receipt this Period
 300.00

B. Dr. Laura J Caramanica PhD, RN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 Barrett Lakes Blvd Nw Apt 221
 City Kennesaw State GA Zip Code 30144-4573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellStar Kennestone Hospital Occupation Vice President/Chief Nursing 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
 02 / 27 / 2014
Transaction ID : 21587832
 Amount of Each Receipt this Period
 500.00

C. Mr. Sean Gehle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1828 Boston Blvd
 City Lansing State MI Zip Code 48910-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Hospital Occupation Vice President Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : 21587892
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1062.50
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 15 OF 46
	<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. Spencer C Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2066 Riverwood Drive
 City Okemos State MI Zip Code 48864-2814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : 21587893
 Amount of Each Receipt this Period
 525.00

B. Mr. Dennis A Swan JD, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 East Michigan Avenue
 City Lansing State MI Zip Code 48912-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sparrow Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : 21587895
 Amount of Each Receipt this Period
 525.00

c. Ms. Laura D. Appel
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 Vicksburg
 City Lansing State MI Zip Code 48917-9607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Vice President, Federal Policy & Advoc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 551.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : 21587900
 Amount of Each Receipt this Period
 551.25

SUBTOTAL of Receipts This Page (optional).....▶	1601.25
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: PAGE 16 OF 46
(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. Mrs. Amy Barkholz
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 Sanctuary Dr.
 City State Zip Code
 Mason MI 48854-1390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michigan Health & Hospital Association General Counsel
 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
 02 / 26 / 2014
Transaction ID : 21587901
 Amount of Each Receipt this Period
 262.50

B. Mr. William Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 14700 Lake Shore Drive
 City State Zip Code
 Charlevoix MI 49720-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Charlevoix Area Hospital President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 551.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : 21587903
 Amount of Each Receipt this Period
 551.25

C. Mr. Charlie Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6109 Marsh Road
 City State Zip Code
 Haslett MI 48840-8902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michigan Health & Hospital Association Chief Information Officer
 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
 02 / 26 / 2014
Transaction ID : 21587904
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1076.25
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 17 OF 46
	<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. Cheri Cowperthwait RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2276 New Freedom Road
 City Southampton State NJ Zip Code 08088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lourdes Specialty Hospital of Southern Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 21589293
 Amount of Each Receipt this Period
 325.00

B. Ms. Shirley Higgins Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Glen Court
 City Monmouth Junction State NJ Zip Code 08852-2927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JFK Health System Vice President Human Resources
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 21589299
 Amount of Each Receipt this Period
 227.50

C. Mr. Fred L Hipp Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 Deacon Road
 City Hainesport State NJ Zip Code 08036-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virtua Vice President Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 21589300
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional).....▶	1202.50
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 18 OF 46
	<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. Ms. Aline M. Holmes RN, APN, M			Date of Receipt
Mailing Address 19 Ashford Drive			<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 21589301
Plainsboro	NJ	08536-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1300.00"/>
Name of Employer	Occupation		
New Jersey Hospital Association	Senior VP, Clinical Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Elizabeth A. Ryan			Date of Receipt
Mailing Address 4 Brookside Drive			<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 21589314
Bordentown	NJ	08505-4439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1625.00"/>
Name of Employer	Occupation		
New Jersey Hospital Association	President & Chief Executive Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1625.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Michelle B Davis RN			Date of Receipt
Mailing Address 295 Varnum Avenue			<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 21590512
Lowell	MA	01854-2134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="262.50"/>
Name of Employer	Occupation		
Lowell General Hospital	Manager, Community Health & Education		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="262.50"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3187.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 46
	<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. Howard R Grant JD, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Road
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospital & Medical Center, Burli Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 21590514
 Amount of Each Receipt this Period
 750.00

B. Mr. Scott V. Hartman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Oneida Road
 City Acton State MA Zip Code 01720-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospital & Medical Center, Burli Occupation Vice President, Public Affairs
 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
 02 / 28 / 2014
Transaction ID : 21590515
 Amount of Each Receipt this Period
 262.50

C. Dr. Kevin Tabb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Brookline Avenue
 City Boston State MA Zip Code 02215-5400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beth Israel Deaconess Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 21590517
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1762.50
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 20 OF 46
	<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. Ms. Patricia Noga

Mailing Address 325 Oak Street

City Marshfield State MA Zip Code 02050-6226

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

Name of Employer Massachusetts Hospital Association Occupation Senior Director of Clinical Affairs

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
 02 / 28 / 2014
Transaction ID : 21590519

Amount of Each Receipt this Period
 262.50

Full Name (Last, First, Middle Initial)
B. Mr. Timothy F. Gens

Mailing Address 5 New England Executive Park

City Burlington State MA Zip Code 01803-5010

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

Name of Employer Massachusetts Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014
Transaction ID : 21625510

Amount of Each Receipt this Period
 1300.00

Full Name (Last, First, Middle Initial)
C. Dr. Michael Gustafson MD

Mailing Address 7 Swan Road

City Quincy State MA Zip Code 02169-2617

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

Name of Employer Brigham and Women's Faulkner Hospital Occupation Chief Operating Officer

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
 02 / 10 / 2014
Transaction ID : 21625515

Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1825.00

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 21 OF 46
	<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. Michael T Rust			Date of Receipt MM / DD / YYYY 02 / 12 / 2014 Transaction ID : 21625524
Mailing Address P O Box 436629			Amount of Each Receipt this Period 500.00
City Louisville	State KY	Zip Code 40253-6629	
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Hospital Association	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. Mr. Thomas D Kmetz			Date of Receipt MM / DD / YYYY 02 / 12 / 2014 Transaction ID : 21625525
Mailing Address 231 East Chestnut Street			Amount of Each Receipt this Period 250.00
City Louisville	State KY	Zip Code 40202-1821	
FEC ID number of contributing federal political committee. C			
Name of Employer Kosair Children's Hospital	Occupation President		
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) C. Mr. Chris J. Mitchell			Date of Receipt MM / DD / YYYY 02 / 11 / 2014 Transaction ID : 21625526
Mailing Address 1262 Lake Side Drive			Amount of Each Receipt this Period 525.00
City East Lansing	State MI	Zip Code 48823-2427	
FEC ID number of contributing federal political committee. C			
Name of Employer Michigan Health & Hospital Association	Occupation Manager, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

SUBTOTAL of Receipts This Page (optional).....▶	1275.00
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 22 OF 46
	<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 Henriksen
Full Name (Last, First, Middle Initial)

Mailing Address 350 Crosswind Drive

City Dimondale State MI Zip Code 48821-9795

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

Name of Employer Michigan Health & Hospital Association Occupation Chief Finance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 11 / 2014
Transaction ID : 21625527

Amount of Each Receipt this Period 525.00

B. Ms. Marilyn Litka-Klein
Full Name (Last, First, Middle Initial)

Mailing Address 16930 Pine Hollow Drive

City East Lansing State MI Zip Code 48823-9664

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

Name of Employer Michigan Health & Hospital Association Occupation Sr. Director, Health Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 11 / 2014
Transaction ID : 21625528

Amount of Each Receipt this Period 350.00

C. Mr. Peter J. Schonfeld
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Cutler Road

City Bath State MI Zip Code 48808-9439

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 11 / 2014
Transaction ID : 21625530

Amount of Each Receipt this Period 525.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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 23 OF 46
	<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. Brian Peters
Full Name (Last, First, Middle Initial)
Mailing Address 3051 Crofton Dr.
City Dewitt State MI Zip Code 48820-7770
FEC ID number of contributing federal political committee. **C**
Name of Employer Michigan Health & Hospital Association Occupation Senior Corporate Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2014
Transaction ID : 21625531
Amount of Each Receipt this Period
525.00

B. Mr. Clark Ballard
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Willoughby Road
City Mason State MI Zip Code 48854-9435
FEC ID number of contributing federal political committee. **C**
Name of Employer Michigan Health & Hospital Association Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2014
Transaction ID : 21625532
Amount of Each Receipt this Period
525.00

C. Mr. Karmon T Bjella
Full Name (Last, First, Middle Initial)
Mailing Address 1501 West Chisholm Street
City Alpena State MI Zip Code 49707-1401
FEC ID number of contributing federal political committee. **C**
Name of Employer Alpena Regional Medical Center Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2014
Transaction ID : 21625533
Amount of Each Receipt this Period
525.00

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
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: PAGE 24 OF 46
(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. Mr. Douglas Strong

Mailing Address 1500 East Medical Center Drive

City Ann Arbor	State MI	Zip Code 48109-5000
-------------------	-------------	------------------------

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

Name of Employer University of Michigan Hospitals and H	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	11	/	2014

Transaction ID : 21625534

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)
B. Mr. Mark Vipperman

Mailing Address 4293 W Hansen

City Ludington	State MI	Zip Code 49431-9610
-------------------	-------------	------------------------

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

Name of Employer Spectrum Health Ludington Hospital	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	11	/	2014

Transaction ID : 21625536

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)
C. Ms. Annette S Phillips

Mailing Address 718 North Macomb Street

City Monroe	State MI	Zip Code 48162-7815
----------------	-------------	------------------------

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

Name of Employer Mercy Memorial Hospital System	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	11	/	2014

Transaction ID : 21625541

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional).....▶	1312.50
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 25 OF 46
	<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. John R Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 South Washington Avenue
 City State Zip Code
 Saginaw MI 48601-2551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Mary's of Michigan President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014
Transaction ID : 21625542
 Amount of Each Receipt this Period
 525.00

B. Mr. Rodney M Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Burdette Street
 City State Zip Code
 Saint Ignace MI 49781-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mackinac Straits Health System Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014
Transaction ID : 21625543
 Amount of Each Receipt this Period
 525.00

C. Mr. David B Jahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3341 Lakeshore Drive
 City State Zip Code
 Sault Sainte Marie MI 49783-1111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 War Memorial Hospital President and Chief Executive Officer
 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
 02 / 11 / 2014
Transaction ID : 21625544
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	1312.50
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 26 OF 46
	<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. David S. Finkbeiner
Full Name (Last, First, Middle Initial)

Mailing Address 85 Damon Road

City Haslett State MI Zip Code 48840-9747

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

Name of Employer Michigan Health & Hospital Association Occupation Senior Vice President, Advocacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 11 / 2014
Transaction ID : 21625546

Amount of Each Receipt this Period 700.00

B. Mr. Thomas D DeFauw FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Pine Grove Avenue

City Port Huron State MI Zip Code 48060-3511

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

Name of Employer Port Huron Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 11 / 2014
Transaction ID : 21625547

Amount of Each Receipt this Period 700.00

C. Mr. Edwin Ness
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Sixth Street

City Traverse City State MI Zip Code 49684-2345

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

Name of Employer Munson Healthcare Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 02 / 11 / 2014
Transaction ID : 21625549

Amount of Each Receipt this Period 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1662.50

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: PAGE 27 OF 46
(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

A. Full Name (Last, First, Middle Initial)
Mr. Joseph J Mullany

Mailing Address 2169 Tottenham RD

City Bloomfield Hills State MI Zip Code 48301-2332

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : 21625550

Amount of Each Receipt this Period
525.00

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	32722.50

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

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

FOR LINE NUMBER: PAGE 28 OF 46
(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. TENET Healthcare Corporation Federal PAC

Mailing Address 1445 Ross Avenue
Suite 1400

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00119354

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 21590504

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B.

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

Full Name (Last, First, Middle Initial)
C.

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 46
(check only one)

<input 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 checked="" type="checkbox"/> 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 ▼
516.30

Date of Receipt
02 / 28 / 2014
Transaction ID : 21625383
Amount of Each Receipt this Period
248.50
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
Amount of Each Receipt this Period

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	248.50
TOTAL This Period (last page this line number only).....▶	248.50

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2014

Transaction ID : 21625393

Amount of Each Disbursement this Period

97.04

Merchant Fees

Full Name (Last, First, Middle Initial)

B.

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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

97.04

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

97.04

**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 Dublin State OH Zip Code 43017

Purpose of Disbursement
2016 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
02 / 06 / 2014

Transaction ID : 21573014

Amount of Each Disbursement this Period

1500.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lou Barletta For Congress

Mailing Address P.O. Box 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lou Barletta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573015

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Vern Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573016

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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. Crawford For Congress

Mailing Address PO Box 16956

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rick A. Crawford

Office Sought: House
 Senate
 President
State: AR District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573017

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Duncan

Office Sought: House
 Senate
 President
State: SC District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573018

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kirkpatrick For Arizona

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85130

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ann Kirkpatrick

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573019

Amount of Each Disbursement this Period

1000.00

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. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Marino

Office Sought: House
 Senate
 President
State: PA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573020

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
Contribution

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573021

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Heartland Values PAC

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2014 Contribution

Candidate Name

Heartland Values PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573022

Amount of Each Disbursement this Period

1000.00

2014 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. Nutmeg PAC

Mailing Address 777 Summer Street

City State Zip Code
Stamford CT 06903

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21573023

Amount of Each Disbursement this Period

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Orrin PAC

Mailing Address 175 S. West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
2014 Contribution

Candidate Name

Orrin PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21573024

Amount of Each Disbursement this Period

2014 Contribution

Full Name (Last, First, Middle Initial)

C. PETEPAC: People for Enterprise Trade & Econ Growth

Mailing Address 3686 King Street
#146

City State Zip Code
Alexandria VA 22302

Purpose of Disbursement
2014 Contribution

Candidate Name

PETEPAC: People for Enterprise Trade & Econ Growth

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21573025

Amount of Each Disbursement this Period

2014 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. ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Mailing Address PO Box 1011

Transaction ID : 21573026

City State Zip Code
Wheaton IL 60187

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2014 Contribution

011
Category/ Type

Candidate Name
ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Mailing Address P.O. Box 1964

Transaction ID : 21573027

City State Zip Code
Birmingham AL 35201

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Rep. Terri A. Sewell

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify) ▼
State: AL District: 07

Contribution

Full Name (Last, First, Middle Initial)

C. McCollum For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Mailing Address P.O. Box 14131

Transaction ID : 21573028

City State Zip Code
St. Paul MN 55114

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Rep. Betty McCollum

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify) ▼
State: MN District: 04

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

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**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. Cantor For Congress

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric I. Cantor

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : 21573029

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 21573030

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 21573031

Amount of Each Disbursement this Period

1000.00

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. Pete King For Congress Committee

Mailing Address PO Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Pete T. King

Office Sought: House
 Senate
 President
State: NY District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21573032

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Blaine Luetkemeyer for Congress

Mailing Address P.O. Box 25

City Holts Summit State MO Zip Code 65043

Purpose of Disbursement
Contribution

Candidate Name
Rep. Blaine Luetkemeyer

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21573033

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Tom Petri

Mailing Address PO Box 270

City Fond Du Lac State WI Zip Code 54936

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tom E. Petri

Office Sought: House
 Senate
 President
State: WI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21573034

Amount of Each Disbursement this Period

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. Quigley For Congress

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael Quigley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	4

Transaction ID : 21573035

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Hoosiers For Rokita, Inc.

Mailing Address 314 Arsenal Ave.

City Indianapolis State IN Zip Code 46201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Todd Rokita

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	4

Transaction ID : 21573036

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Roger Williams For U.S. Congress Committee

Mailing Address P.O. Box 91061

City Austin State TX Zip Code 78709

Purpose of Disbursement
Contribution

Candidate Name

Rep. Roger Williams

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	4

Transaction ID : 21573037

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	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. Giving Willingly Empowering Nationally PAC (GWEN PAC)

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216-0646

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Giving Willingly Empowering Nationally PAC (GWEN PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 21573038

Amount of Each Disbursement this Period

1500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. LOBO PAC

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2014 Contribution

011

Candidate Name
LOBO PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 21573039

Amount of Each Disbursement this Period

2500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Alex Sink For Congress

Mailing Address PO Box 17271

City Clearwater State FL Zip Code 33762

Purpose of Disbursement
Contribution

011

Candidate Name
Alex Sink

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special-General2014

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 21573040

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark P. Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587905

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Great Land PAC, The

Mailing Address 700 13th Street N.W., Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Great Land PAC, The

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587906

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Cochran

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Thad Cochran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587912

Amount of Each Disbursement this Period

1000.00

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. Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Sen. Amy Klobuchar

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District:

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587913
Amount of Each Disbursement this Period
1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Sanford Bishop For Congress

Mailing Address P. O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Sanford D. Bishop Jr.

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: GA District: 02

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587914
Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Charles J. Fleischmann

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 03

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587915
Amount of Each Disbursement this Period
1000.00

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. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : 21587916

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Lamar Smith

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lamar S. Smith

Office Sought: House
 Senate
 President
State: TX District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : 21587917

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Leadership For Today and Tomorrow

Mailing Address 625 3rd Street, NE
Suite #2

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

Candidate Name
Leadership For Today and Tomorrow

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : 21587918

Amount of Each Disbursement this Period

2000.00

2014 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. Shore PAC

Mailing Address P.O. Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Shore PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : 21587919

Amount of Each Disbursement this Period

5000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : 21587920

Amount of Each Disbursement this Period

15000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Deb Fischer For US Senate Inc

Mailing Address 5555 South St

City State Zip Code
Lincoln NE 68506

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Deb Fischer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt Re

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : 21587922

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

22000.00

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

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**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. Paul Cook For Congress

Mailing Address PO Box 365

City State Zip Code
Yucca Valley CA 92286

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul Cook

Office Sought: House
 Senate
 President
State: CA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587924

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Swalwell For Congress

Mailing Address P.O. Box 2847

City State Zip Code
Dublin CA 94568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric Swalwell

Office Sought: House
 Senate
 President
State: CA District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587925

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Udall For Colorado

Mailing Address PO Box 40158

City State Zip Code
Denver CO 80204

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Emery Udall

Office Sought: House
 Senate
 President
State: CO District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587926

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

**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. Chris Coons For Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Christopher A. Coons

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587927

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alexander For Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587928

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joe L. Barton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 21587929

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4250.00

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. Gardner For Congress

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Cory Gardner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Transaction ID : 21590472

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

87750.00
