

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Michael Rembis**

Mailing Address 501 South Buena Vista Street

City State Zip Code  
 Burbank CA 91505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Saint Joseph Medical Center

Occupation

Chief Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 11 / 2013

**Transaction ID : INCA10781**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Elizabeth Stallings**

Mailing Address 2740 Grant Street

City State Zip Code  
 Concord CA 94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Muir Behavioral Health Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 11 / 2013

**Transaction ID : INCA10753**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Jon Van Boening**

Mailing Address P.O. Box 1888

City State Zip Code  
 Bakersfield CA 93303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bakersfield Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 11 / 2013

**Transaction ID : INCA10757**

Amount of Each Receipt this Period

1500.00

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

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

3375.00