

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

05 / 17 / 2013

Transaction ID : INCA11042

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. James Whipple

Mailing Address 1100 Marshall Way

City State Zip Code
 Placerville CA 95667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshall Medical Center

Occupation

Administrator/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.20

Date of Receipt

05 / 17 / 2013

Transaction ID : INCA11041

Amount of Each Receipt this Period

113.64

Full Name (Last, First, Middle Initial)

C. Judith Yates

Mailing Address 5575 Ruffin Road
 Suite 225

City State Zip Code
 San Diego CA 92123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Association of San Diego and

Occupation

Vice President/Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 17 / 2013

Transaction ID : INCA11044

Amount of Each Receipt this Period

125.00

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

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

613.64