

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		3140767.55
(b) Cash on Hand at Beginning of Reporting Period.....	3514904.71	
(c) Total Receipts (from Line 19)	174715.51	1165373.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3689620.22	4306140.88
7. Total Disbursements (from Line 31).....	68817.98	685338.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3620802.24	3620802.24
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 31 / 2016

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).....	84804.63	486382.23
(ii) Unitemized	29703.02	151758.96
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	114507.65	638141.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	114507.65	643141.19
12. Transfers From Affiliated/Other Party Committees.....	59900.00	520277.12
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	307.86	1955.02
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))..... ▶	174715.51	1165373.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	174715.51	1165373.33

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	317.98	4398.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	317.98	4398.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	673600.00
24. Independent Expenditures (use Schedule E)	0.00	7340.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68817.98	685338.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68817.98	685338.64

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)	114507.65	643141.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114507.65	643141.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	317.98	4398.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	317.98	4398.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Melinda Estes MD, MBA
Full Name (Last, First, Middle Initial)

Mailing Address 901 East 104th Street

City Kansas City State MO Zip Code 64131-4517

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

Name of Employer Saint Luke's Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 23279199

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Ms. Carmela Coyle
Full Name (Last, First, Middle Initial)

Mailing Address 6820 Deerpath Road

City Elkridge State MD Zip Code 21075-6200

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

Name of Employer Maryland Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 23279200

Amount of Each Receipt this Period
 510.00

Memo Item

c. Dr. Margaret Naleppa PhD
Full Name (Last, First, Middle Initial)

Mailing Address 1121 Riverside Drive

City Salisbury State MD Zip Code 21801-5422

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

Name of Employer Peninsula Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 23279205

Amount of Each Receipt this Period
 340.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
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 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael B Robbins
Full Name (Last, First, Middle Initial)

Mailing Address 4516 Doncaster Drive

City State Zip Code
Ellicott City MD 21043-6767

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

Name of Employer Occupation
Maryland Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016
Transaction ID : 23279206

Amount of Each Receipt this Period
510.00

Memo Item

B. Mr. Tim Blasl
Full Name (Last, First, Middle Initial)

Mailing Address 1622 E. Interstate Avenue
Suite B

City State Zip Code
Bismarck ND 58503-0561

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

Name of Employer Occupation
North Dakota Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2016
Transaction ID : 23279211

Amount of Each Receipt this Period
350.00

Memo Item

C. Ms. Mariann Doeling RN
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 461

City State Zip Code
Carrington ND 58421-0461

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

Name of Employer Occupation
CHI Carrington Health President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2016
Transaction ID : 23279212

Amount of Each Receipt this Period
231.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1091.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 126
	<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. Robert H Malte
Full Name (Last, First, Middle Initial)

Mailing Address 12040 NE 128th Street

City Kirkland State WA Zip Code 98034-3013

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

Name of Employer EvergreenHealth Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2016
Transaction ID : 23279218

Amount of Each Receipt this Period
 400.00

Memo Item

B. Dr. Joseph Pepe MD
Full Name (Last, First, Middle Initial)

Mailing Address 100 McGregor Street

City Manchester State NH Zip Code 03102-3770

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2016
Transaction ID : 23296556

Amount of Each Receipt this Period
 350.00

Memo Item

C. Mr. Jeffrey L. Oskin
Full Name (Last, First, Middle Initial)

Mailing Address 109 Olde Ash Lane

City Charleston State WV Zip Code 25311-1702

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

Name of Employer Charleston Area Medical Center Occupation VP/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23296678

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 9 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael D. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Capitol Street Suite 500 B
 City Charleston State WV Zip Code 25301-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation VP/Administrator - General Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23296679
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Edgar J Curtis FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 North First Street
 City Springfield State IL Zip Code 62781-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23298799
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Mr. Danny Chun
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 North Oak Park Avenue
 City Oak Park State IL Zip Code 60302-2189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Health and Hospital Associati Occupation VP, Corporate Communications & Marketi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23298800
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3450.00
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 126
	<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. Patrick Gallagher
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 3015

City Naperville	State IL	Zip Code 60566-7015
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Health and Hospital Associati	Occupation VP, Health Delivery and Payment System	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016
Transaction ID : 23298801

Amount of Each Receipt this Period
1200.00

Memo Item

B. Mr. Harry Bond
Full Name (Last, First, Middle Initial)
Mailing Address 330 Berkshire Ct

City Bourbonnais	State IL	Zip Code 60914-1552
FEC ID number of contributing federal political committee. C		
Name of Employer Riverside Medical Center	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016
Transaction ID : 23298802

Amount of Each Receipt this Period
800.00

Memo Item

C. Dr. Marsha A Prater PhD, RN
Full Name (Last, First, Middle Initial)
Mailing Address 201 Timberridge Dr

City Springfield	State IL	Zip Code 62702-6601
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Health System	Occupation Senior Vice President and Chief Nursin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016
Transaction ID : 23298803

Amount of Each Receipt this Period
800.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 11 OF 126
(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. Ms. Susan Hayes Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Children's Plaza
City Chicago State IL Zip Code 60614-3394
FEC ID number of contributing federal political committee. **C**
Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Chief Government and Community Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299240
Amount of Each Receipt this Period 400.00
 Memo Item

B. Dr. William R Gorski M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1401 East State Street
City Rockford State IL Zip Code 61104-2315
FEC ID number of contributing federal political committee. **C**
Name of Employer SwedishAmerican - A Division of UW Hea Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299242
Amount of Each Receipt this Period 400.00
 Memo Item

C. Ms. Monica Heenan
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Children's Plaza #138
City Chicago State IL Zip Code 60614-3363
FEC ID number of contributing federal political committee. **C**
Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Chief Ambulatory Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299244
Amount of Each Receipt this Period 400.00
 Memo Item

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 12 OF 126
	<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. Robert W Kay
Full Name (Last, First, Middle Initial)

Mailing Address 166 Maple Grove

City Springfield State IL Zip Code 62712-9567

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

Name of Employer Memorial Health System Occupation Senior Vice President and Chief Financ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299245

Amount of Each Receipt this Period 400.00

Memo Item

B. Mr. Scott Kiriakos
Full Name (Last, First, Middle Initial)

Mailing Address 701 North First Street

City Springfield State IL Zip Code 62781-0001

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

Name of Employer Memorial Health System Occupation Vice President Clinical Integration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299246

Amount of Each Receipt this Period 400.00

Memo Item

C. Mr. Tim Moore
Full Name (Last, First, Middle Initial)

Mailing Address Broadway at 11th Street

City Quincy State IL Zip Code 62305-7005

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

Name of Employer Blessing Hospital Occupation Chief Accounting Officer and Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299757

Amount of Each Receipt this Period 400.00

Memo Item

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 13 OF 126
	<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. Michelle Stephenson DNP, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 682 Meadow Dr
 City Des Plaines State IL Zip Code 60016-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Chief Nurse Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299758
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Mr. Scott Wilkerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 East Chicago Avenue
 City Chicago State IL Zip Code 60611-2991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation Executive Director, Clinically Ing. Ne
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299759
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Dr Pranjali Agrawal
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 E. First Street
 City Dixon State IL Zip Code 61021-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Katherine Shaw Bethea Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23299760
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.00
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 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Judy Andronowitz
 Mailing Address 527 West South Street
 City State Zip Code
 Woodstock IL 60098-3756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Centegra Health System Manager, Corporate Responsibility/Regu
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23299761
 Amount of Each Receipt this Period
 240.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Jerry Jackson
 Mailing Address 829 Birdie Lane
 City State Zip Code
 Quincy IL 62305-6195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blessing Hospital Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23299763
 Amount of Each Receipt this Period
 240.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Betty J Kasparie
 Mailing Address Broadway & 14th Street
 City State Zip Code
 Quincy IL 62301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blessing Hospital Vice President Compliance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23299764
 Amount of Each Receipt this Period
 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 720.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 215 Kemble Street

City Lenox State MA Zip Code 01240-2818

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

Name of Employer Baystate Health, Inc. Occupation V.P., Facilities & Guest Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2016
Transaction ID : 23304614

Amount of Each Receipt this Period
 375.00

Memo Item

B. Mr. William D. Patten Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1397 Weimer Road

City Taos State NM Zip Code 87571-6253

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

Name of Employer Holy Cross Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2016
Transaction ID : 23307088

Amount of Each Receipt this Period
 250.00

Memo Item

C. Ms Cindy Patten
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1239

City Taos State NM Zip Code 87571-1239

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

Name of Employer Holy Cross Hospital Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2016
Transaction ID : 23307089

Amount of Each Receipt this Period
 210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	835.00
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 16 OF 126
	<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. Robert J Heckert Jr
Full Name (Last, First, Middle Initial)

Mailing Address 2669 North Scenic Drive

City Alamogordo State NM Zip Code 88310-8700

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

Name of Employer Gerald Champion Regional Medical Cente Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2016
Transaction ID : 23307101

Amount of Each Receipt this Period 500.00

Memo Item

B. Mr. Neil M Meltzer
Full Name (Last, First, Middle Initial)

Mailing Address 7 Diping Pond Court

City Lutherville Timonium State MD Zip Code 21093-3518

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

Name of Employer LifeBridge Health Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23308008

Amount of Each Receipt this Period 255.00

Memo Item

C. Ms. Mary Ellen Wells FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Hart Boulevard

City Monticello State MN Zip Code 55362-8575

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

Name of Employer CentraCare Health-Monticello Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2016
Transaction ID : 23308279

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1255.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 126
	<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. Joseph Cahill
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fogg Road

City South Weymouth State MA Zip Code 02190-2455

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

Name of Employer South Shore Hospital Occupation President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 23308284

Amount of Each Receipt this Period
375.00

Memo Item

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

Mailing Address 25 Batchelder Street

City Melrose State MA Zip Code 02176-2801

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

Name of Employer Hallmark Health System Occupation Board Chair

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
 07 / 01 / 2016
Transaction ID : 23308285

Amount of Each Receipt this Period
262.50

Memo Item

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

Mailing Address 92 Bacon Street

City Winchester State MA Zip Code 01890-2638

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

Name of Employer Hallmark Health System Occupation President and Chief Executive 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
 07 / 01 / 2016
Transaction ID : 23308286

Amount of Each Receipt this Period
262.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 18 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeffrey W Hillis
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Cold Spring Lane
 City Hudson State MA Zip Code 01749-3053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adcare Hospital of Worcester Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 07 / 01 / 2016
Transaction ID : 23308289
 Amount of Each Receipt this Period 562.50
 Memo Item

B. Mr Terry Kowalenko
 Full Name (Last, First, Middle Initial)
 Mailing Address 4619 Oak Pointe Drive
 City Brighton State MI Zip Code 48116-7728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Health Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 25 / 2016
Transaction ID : 23308321
 Amount of Each Receipt this Period 262.50
 Memo Item

C. Mr. Mike Larson
 Full Name (Last, First, Middle Initial)
 Mailing Address 523 North Third Street
 City Brainerd State MN Zip Code 56401-3098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Essentia Health St. Joseph's Medical C Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23308355
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 19 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randall H Hodges FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Westland Estates
 City Winfield State WV Zip Code 25213-9704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation VP/Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23308370
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. Gerald T. Wedemeyer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Lawman Avenue
 City Bridgeport State WV Zip Code 26330-1222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Hospital Center Occupation Lab Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23308371
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Michael C. Tillman
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 East Main Street RR 2, Box G1
 City Lost Creek State WV Zip Code 26385-7129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Hospital Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23308373
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 126
(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. Jeffrey Lilley

Mailing Address 277 Thomas Jefferson Drive

City State Zip Code
Princeton WV 24739-7625

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

Name of Employer Occupation
Princeton Community Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23308375

Amount of Each Receipt this Period
375.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Bryan Breitling

Mailing Address 300 West Fifth Street

City State Zip Code
Miller SD 57362-1238

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

Name of Employer Occupation
Avera Hand County Memorial Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2016
Transaction ID : 23308404

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6001 Dominion Fairways Place

City State Zip Code
Glen Allen VA 23059-6918

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

Name of Employer Occupation
Bon Secours-Richmond Community Hospita Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2016
Transaction ID : 23308500

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 126
(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. Barbara Brown Ph.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Countryside Lane
 City Richmond State VA Zip Code 23229-7928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Hospital & Healthcare Associa Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2016
Transaction ID : 23308502
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Mr. Dale Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Third Street NE
 City Norton State VA Zip Code 24273-1137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellmont Lonesome Pine Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2016
Transaction ID : 23308503
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Dr. Raymond McCue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 556 Mowbray Arch
 City Norfolk State VA Zip Code 23507-2130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours-DePaul Medical Center Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 21 / 2016
Transaction ID : 23308506
 Amount of Each Receipt this Period 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
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 22 OF 126
(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. Mark S. Stauder

Mailing Address 10005 Fox Spring Ct

City State Zip Code
Oakton VA 22124-2658

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2016
Transaction ID : 23308507

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Lorna Strayer MBA

Mailing Address 272 Benedict Avenue

City State Zip Code
Norwalk OH 44857-2374

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

Name of Employer Occupation
Fisher-Titus Medical Center Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23308523

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Michael D Swick

Mailing Address 1001 Bellefontaine Avenue

City State Zip Code
Lima OH 45804-2800

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

Name of Employer Occupation
Lima Memorial Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23308524

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael J Maiberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 3130 North Dixie Highway
 City State Zip Code
 Troy OH 45373-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Premier Health Partners President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23308528
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Mr. Randall D Oostra FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Richards Road
 City State Zip Code
 Toledo OH 43607-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProMedica Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23308629
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mr. Michael Winthrop
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 8004
 City State Zip Code
 Bellevue OH 44811-8004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bellevue Hospital President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23308630
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 24 OF 126
	<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. Robert Wyllie
Full Name (Last, First, Middle Initial)

Mailing Address 14691 Shire Ct.

City State Zip Code
Novelty OH 44072-9693

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

Name of Employer Occupation
Cleveland Clinic Health System Chief Medical Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016
Transaction ID : 23308631

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr. Brian Donley MD
Full Name (Last, First, Middle Initial)

Mailing Address 449 N. Main St

City State Zip Code
Chagrin Falls OH 44022-2519

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

Name of Employer Occupation
Cleveland Clinic President, Community Hospitals

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
07 / 12 / 2016
Transaction ID : 23308632

Amount of Each Receipt this Period
500.00

Memo Item

C. Mr. Edward Chadwick
Full Name (Last, First, Middle Initial)

Mailing Address 4143 Tanglewood Ct

City State Zip Code
Bloomfield Hills MI 48301-1219

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

Name of Employer Occupation
Trinity Health CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2016
Transaction ID : 23309002

Amount of Each Receipt this Period
525.00

Memo Item

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 25 OF 126
	<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 Coghlan

Mailing Address 2849 Fairway Dr

City Saline State MI Zip Code 48176-9542

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

Name of Employer St. Joseph Mercy Chelsea Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : 23309003

Amount of Each Receipt this Period
350.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Sally E Jeffcoat

Mailing Address 20555 Victor Pkwy

City Livonia State MI Zip Code 48152-7031

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : 23309006

Amount of Each Receipt this Period
350.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Eric Lewis

Mailing Address 939 Caroline Street

City Port Angeles State WA Zip Code 98362-3909

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

Name of Employer Olympic Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : 23311070

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	1100.00
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 26 OF 126
	<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 Beitzel
Full Name (Last, First, Middle Initial)
Mailing Address 939 Caroline Street
City Port Angeles State WA Zip Code 98362-3909
FEC ID number of contributing federal political committee. **C**
Name of Employer Olympic Medical Center Occupation Board President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 13 / 2016
Transaction ID : 23311071
Amount of Each Receipt this Period 400.00
 Memo Item

B. Mr. Preston M Simmons FACHE
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 1147
City Everett State WA Zip Code 98206-1147
FEC ID number of contributing federal political committee. **C**
Name of Employer Providence Regional Medical Center Eve Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 13 / 2016
Transaction ID : 23311072
Amount of Each Receipt this Period 400.00
 Memo Item

C. Mr. Chad R. Austin
Full Name (Last, First, Middle Initial)
Mailing Address 6518 SW 26th Court
City Topeka State KS Zip Code 66614-4305
FEC ID number of contributing federal political committee. **C**
Name of Employer Kansas Hospital Association Occupation Sr. Vice President, Government Relatio
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 22 / 2016
Transaction ID : 23311087
Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	838.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Scott Helt
Full Name (Last, First, Middle Initial)
Mailing Address 8124 Longview Rd.
City Lenexa State KS Zip Code 66220-9200
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Kansas Hospital, The Occupation VP Health System Contracting
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23311092
Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Russell William Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 325 Maine Street
City Lawrence State KS Zip Code 66044-1360
FEC ID number of contributing federal political committee. **C**
Name of Employer Lawrence Memorial Hospital Occupation President and CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23311094
Amount of Each Receipt this Period 500.00
 Memo Item

C. Ms. Genette Nicholas
Full Name (Last, First, Middle Initial)
Mailing Address 1001 West 58th Street
City Kansas City State MO Zip Code 64113-1232
FEC ID number of contributing federal political committee. **C**
Name of Employer Children's Mercy Hospitals and Clinics Occupation Vice President Government Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23311099
Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **875.00**
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 28 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas Barry
 Full Name (Last, First, Middle Initial)
 Mailing Address 8320 S. Pondview Drive
 City State Zip Code
 Star City IN 46985-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pulaski Memorial Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2016
Transaction ID : 23311108
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Jay Baumgartner
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Woodlawn Dr.
 City State Zip Code
 Warsaw IN 46580-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Otis R. Bowen Center for Human Service Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2016
Transaction ID : 23311109
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Robert Brody
 Full Name (Last, First, Middle Initial)
 Mailing Address 1805 Braeburn Drive
 City State Zip Code
 Carmel IN 46032-8364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Franciscan Alliance Sr. VP/ COO Amb. Services
 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
 07 / 13 / 2016
Transaction ID : 23311111
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<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. Donald P Fesko

Mailing Address 1216 Ballybuniun Court

City State Zip Code
Dyer IN 46311-1268

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

Name of Employer Occupation
Community Hospital Chief Executive Officer and Administra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016
Transaction ID : 23311114

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Raymond Grady FACHE

Mailing Address 2239 Charter Pointe Drive

City State Zip Code
Arlington Heights IL 60004-7226

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

Name of Employer Occupation
Methodist Hospitals Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016
Transaction ID : 23311115

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Albert Gutierrez FACHE

Mailing Address 5215 Holy Cross Parkway

City State Zip Code
Mishawaka IN 46545-1469

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

Name of Employer Occupation
Saint Joseph Regional Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016
Transaction ID : 23311116

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 126
	<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. Shawn W McCoy
Full Name (Last, First, Middle Initial)

Mailing Address 416 S. Roosevelt Drive

City Evansville State IN Zip Code 47714-1630

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

Name of Employer Deaconess Hospital Occupation Chief Administrative Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2016
Transaction ID : 23311118

Amount of Each Receipt this Period 500.00

Memo Item

B. Mr. Michael J Packnett
Full Name (Last, First, Middle Initial)

Mailing Address 10501 Corporate Drive

City Fort Wayne State IN Zip Code 46845-1700

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

Name of Employer Parkview Health Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2016
Transaction ID : 23311120

Amount of Each Receipt this Period 500.00

Memo Item

C. Mrs. Christina M Ryan MA, BA, RN
Full Name (Last, First, Middle Initial)

Mailing Address 4199 Gateway Boulevard

City Newburgh State IN Zip Code 47630-8940

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

Name of Employer Women's Hospital, The Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2016
Transaction ID : 23311121

Amount of Each Receipt this Period 500.00

Memo Item

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 31 OF 126
	<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. Steven J West
Full Name (Last, First, Middle Initial)

Mailing Address 314 E. Hickory Grover Road

City	State	Zip Code
Hartford City	IN	47348-1011

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

Name of Employer	Occupation
Indiana University Health Blackford Ho	Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2016

Transaction ID : 2331122

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7800 South Eagle Road

City	State	Zip Code
Columbia	MO	65203-9017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
281.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

Transaction ID : 23311320

Amount of Each Receipt this Period
46.88

Memo Item

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

Mailing Address 5310 Saddlebrook Lane

City	State	Zip Code
Lohman	MO	65053-9353

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

Transaction ID : 23311329

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	421.88
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 32 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Daniel R. Landon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 Forest Park Court
 City Jefferson City State MO Zip Code 65109-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 06 / 2016
Transaction ID : 23311330
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Ms. Leslie L. Porth
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1816
 City Lake Ozark State MO Zip Code 65049-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Vice President of Health Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.28

Date of Receipt 07 / 06 / 2016
Transaction ID : 23311335
 Amount of Each Receipt this Period 46.88
 Memo Item

C. Ms. Theresa J. Roark
 Full Name (Last, First, Middle Initial)
 Mailing Address 5171 East Cottage Lane
 City Columbia State MO Zip Code 65201-7678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Senior Vice President, Data & Informat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.28

Date of Receipt 07 / 06 / 2016
Transaction ID : 23311337
 Amount of Each Receipt this Period 46.88
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.76
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 33 OF 126
	<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. Todd Ahrens
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Huntingdon Road
 City Hannibal State MO Zip Code 63401-6765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hannibal Regional Healthcare System Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23311358
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Steven D Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 5976 South Parkhaven Lane
 City Springfield State MO Zip Code 65810-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CoxHealth Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23311363
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ms. Mary B. Parrigon
 Full Name (Last, First, Middle Initial)
 Mailing Address 9057 Eland Road
 City Neosho State MO Zip Code 64850-7264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freeman Health System Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2016
Transaction ID : 23311383
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
	<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. Greg Bell
Full Name (Last, First, Middle Initial)

Mailing Address 2180 South 1300 East, Suite 440

City Salt Lake City	State UT	Zip Code 84106-2856
------------------------	-------------	------------------------

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

Name of Employer Utah Hospital Association	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : 23311459

Amount of Each Receipt this Period
1000.00

Memo Item

B. Mr. David C. Gessel J.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2180 S. 1300 East #440

City Salt Lake City	State UT	Zip Code 84106-2813
------------------------	-------------	------------------------

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

Name of Employer Utah Hospital Association	Occupation Vice President, Government Relations
---	--

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
07	/	12	/	2016

Transaction ID : 23311460

Amount of Each Receipt this Period
500.00

Memo Item

C. Mr. Gordon Crabtree
Full Name (Last, First, Middle Initial)

Mailing Address 50 North Medical Drive

City Salt Lake City	State UT	Zip Code 84132-0002
------------------------	-------------	------------------------

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

Name of Employer University of Utah Health Care - Hospi	Occupation Chief Financial 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
07	/	12	/	2016

Transaction ID : 23311461

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 126
	<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. Steve Smoot
Full Name (Last, First, Middle Initial)
Mailing Address 1034 North 500 West

City Provo	State UT	Zip Code 84604-3380
---------------	-------------	------------------------

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

Name of Employer Utah Valley Regional Medical Center	Occupation Administrator
---	-----------------------------

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
07	/	12	/	2016

Transaction ID : 23311462

Amount of Each Receipt this Period
500.00

Memo Item

B. Mr Greg Angle
Full Name (Last, First, Middle Initial)
Mailing Address 6985 S Union Park Center # 500

City Midvale	State UT	Zip Code 84047-4182
-----------------	-------------	------------------------

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

Name of Employer HCA Mountain Division/MountainStar Hea	Occupation President HCA Mountain Division
--	---

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
07	/	12	/	2016

Transaction ID : 23311463

Amount of Each Receipt this Period
500.00

Memo Item

C. Mr. Gregory Poulsen
Full Name (Last, First, Middle Initial)
Mailing Address 1784 Herbert Ave

City Salt Lake City	State UT	Zip Code 84108-1830
------------------------	-------------	------------------------

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

Name of Employer Intermountain Healthcare, Inc.	Occupation Senior Vice President
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : 23311468

Amount of Each Receipt this Period
500.00

Memo Item

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 36 OF 126
	<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 Kevin Brooks
Full Name (Last, First, Middle Initial)
Mailing Address 1034 N. 500 W
City Provo State UT Zip Code 84604-3380
FEC ID number of contributing federal political committee. **C**
Name of Employer Intermountain Healthcare, Inc. Occupation Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23311469
Amount of Each Receipt this Period 500.00
 Memo Item

B. Mr. Shawn Morrow
Full Name (Last, First, Middle Initial)
Mailing Address 1485 South Highway 40
City Heber City State UT Zip Code 84032-3522
FEC ID number of contributing federal political committee. **C**
Name of Employer Heber Valley Medical Center Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23311470
Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Mark Holyoak
Full Name (Last, First, Middle Initial)
Mailing Address 300 North Hospital Drive
City Price State UT Zip Code 84501-4218
FEC ID number of contributing federal political committee. **C**
Name of Employer Castlview Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23311471
Amount of Each Receipt this Period 500.00
 Memo Item

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: PAGE 37 OF 126
(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 Reuben Jessop

Mailing Address 5825 Harrison Blvd

City State Zip Code
South Ogden UT 84403-4316

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

Name of Employer Occupation
Northern Utah Rehabilitation Hospital Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23311472

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Marc H Bennett

Mailing Address 3221 Davinci Drive

City State Zip Code
Cottonwood Heights UT 84121-5764

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

Name of Employer Occupation
Utah Hospital Association Board Member

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
 07 / 12 / 2016
Transaction ID : 23311473

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Blair Kent

Mailing Address 3741 West 12600 South

City State Zip Code
Riverton UT 84065-7215

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

Name of Employer Occupation
Riverton Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23311474

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address Eighth Avenue and 'C' Street

City State Zip Code
Salt Lake City UT 84143-0001

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

Name of Employer Occupation
LDS Hospital Chief Executive Officer and Administra

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
07 / 12 / 2016
Transaction ID : 23311475

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 50 North Medical Drive

City State Zip Code
Salt Lake City UT 84132-0001

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

Name of Employer Occupation
University of Utah Health Care - Hospi Chairman

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
07 / 12 / 2016
Transaction ID : 23311476

Amount of Each Receipt this Period
250.00

Memo Item

C. Mr. Michael Maron
Full Name (Last, First, Middle Initial)

Mailing Address 718 Teaneck Road

City State Zip Code
Teaneck NJ 07666-4245

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016
Transaction ID : 23311524

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 39 OF 126
	<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. Thomas W. Scott
Full Name (Last, First, Middle Initial)

Mailing Address 550 Perch Avenue

City Manasquan State NJ Zip Code 08736-3919

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

Name of Employer CentraState Healthcare System Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 23311526

Amount of Each Receipt this Period
 227.50

Memo Item

B. Ms. Katherine Mulready
Full Name (Last, First, Middle Initial)

Mailing Address 7335 East Orchard Road

City Greenwood Village State CO Zip Code 80111-2582

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

Name of Employer Colorado Hospital Association Occupation Vice President of Legislative Policy

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
 07 / 07 / 2016
Transaction ID : 23311545

Amount of Each Receipt this Period
 250.00

Memo Item

C. Mr Wade Tyrell
Full Name (Last, First, Middle Initial)

Mailing Address 615 Fairhurst Street

City Sterling State CO Zip Code 80751-4523

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

Name of Employer Sterling Regional MedCenter Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2016
Transaction ID : 23311546

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 727.50

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 40 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Christopher Tholen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7335 East Orchard Road
 City State Zip Code
 Greenwood Village CO 80111-2582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colorado Hospital Association Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2016
Transaction ID : 23311548
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ms. Deb Fischer-Clemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 3005 W 90th St
 City State Zip Code
 Sioux Falls SD 57108-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Health Senior Vice President, Avera Center fo
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23311578
 Amount of Each Receipt this Period
 175.00
 Memo Item

C. Ms. Michelle Niermann
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3026
 City State Zip Code
 Cedar Rapids IA 52406-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnityPoint Health - St. Luke's Hospita Vice President Operations
 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
 07 / 12 / 2016
Transaction ID : 23311581
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 41 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randy Loomis
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 SE Kent Street
 City Greenfield State IA Zip Code 50849-9454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adair County Memorial Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23311582
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ms. Carol E. Twedt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4344 Pine Ridge Trail NE
 City Iowa City State IA Zip Code 52240-7830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Iowa City Occupation Director, Clinical Information Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23311583
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Perry J. Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 SE Olson Drive
 City Waukee State IA Zip Code 50263-8180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23311584
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 42 OF 126
	<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. Rebecca Anthony
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue
Suite 100

City Des Moines State IA Zip Code 50309-1800

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

Name of Employer Iowa Hospital Association Occupation Vice President, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
371.44

Date of Receipt
07 / 12 / 2016
Transaction ID : 23311585

Amount of Each Receipt this Period
46.43

Memo Item

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

Mailing Address 100 East Grand Avenue
Suite 100

City Des Moines State IA Zip Code 50309-1817

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
07 / 12 / 2016
Transaction ID : 23311586

Amount of Each Receipt this Period
65.00

Memo Item

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

Mailing Address 100 East Grand Avenue

City Des Moines State IA Zip Code 50309-1817

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

Name of Employer Iowa Hospital Association Occupation Director, Advocacy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.73

Date of Receipt
07 / 12 / 2016
Transaction ID : 23311587

Amount of Each Receipt this Period
35.72

Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.15
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 43 OF 126
(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. Sara Vanderpool Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 East Grand Avenue, Suite 100
 City State Zip Code
 Des Moines IA 50309-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Hospital Association Director of Government Relations & Sta
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23311588
 Amount of Each Receipt this Period
 37.50
 Memo Item

B. Ms. Sue Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Seneca St
 City State Zip Code
 Seattle WA 98122-4212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Mason Medical Center Executive Vice President, Chief Financ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2016
Transaction ID : 23311633
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Ms. Taya Briley RN, MN, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 North 39th Street
 City State Zip Code
 Seattle WA 98103-8444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Washington State Hospital Association General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2016
Transaction ID : 23311634
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 837.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 126
	<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. Lane A. Savitch
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Tauman Avenue, NW
 City State Zip Code
 Seattle WA 98107-3985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kadlec Regional Medical Center Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2016
Transaction ID : 23311635
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Mr. Gregg Agustin Davidson FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1376
 City State Zip Code
 Mount Vernon WA 98273-1376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skagit Valley Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2016
Transaction ID : 23311636
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Ms. Claudia R. Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 - 51st Avenue NE
 City State Zip Code
 Seattle WA 98105-4931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Washington State Hospital Association Sr. Vice President, Policy Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2016
Transaction ID : 23311643
 Amount of Each Receipt this Period
 400.00
 Memo Item

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 45 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul A Hanson
Full Name (Last, First, Middle Initial)

Mailing Address 1305 West 18th Street

City State Zip Code
Sioux Falls SD 57105-0401

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

Name of Employer Occupation
Sanford USD Medical Center President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2016

Transaction ID : 23311965

Amount of Each Receipt this Period
250.00

Memo Item

B. Mr. Curt Hohman
Full Name (Last, First, Middle Initial)

Mailing Address 47931 Oak Ridge Place

City State Zip Code
Harrisburg SD 57032-8239

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

Name of Employer Occupation
Avera McKennan Hospital and University Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2016

Transaction ID : 23312365

Amount of Each Receipt this Period
250.00

Memo Item

C. Ms. Danielle Hamann
Full Name (Last, First, Middle Initial)

Mailing Address 3900 West Avera Drive

City State Zip Code
Sioux Falls SD 57108-5717

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

Name of Employer Occupation
Avera Health Public Policy Associate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2016

Transaction ID : 23312373

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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 46 OF 126
	<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. Todd Forkel
Full Name (Last, First, Middle Initial)
Mailing Address 305 South State Street
City Aberdeen State SD Zip Code 57401-4527
FEC ID number of contributing federal political committee. **C**
Name of Employer Avera St. Luke's Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23313900
Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Matthew L Anderson JD
Full Name (Last, First, Middle Initial)
Mailing Address 2550 University Avenue W.
City Saint Paul State MN Zip Code 55114-1052
FEC ID number of contributing federal political committee. **C**
Name of Employer Minnesota Hospital Association Occupation Vice President, Regulatory/Strategic A
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 694.75

Date of Receipt 07 / 15 / 2016
Transaction ID : 23313928
Amount of Each Receipt this Period 417.85
 Memo Item

C. Mr. Richard M Ash
Full Name (Last, First, Middle Initial)
Mailing Address 450 Eastvold Avenue
City Ortonville State MN Zip Code 56278-1252
FEC ID number of contributing federal political committee. **C**
Name of Employer United Hospital District Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23313929
Amount of Each Receipt this Period 42.50
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 710.35
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 47 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert Bonar Jr.
 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
 07 / 15 / 2016
Transaction ID : 23313931
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ms. Wendy Burt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Vice President, Communications & Publi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313932
 Amount of Each Receipt this Period
 134.61
 Memo Item

c. Ms. Sara J Criger
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Coon Rapids Boulevard
 City State Zip Code
 Coon Rapids MN 55433-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Hospital President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313962
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	884.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 126
	<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. Tania Daniels
Full Name (Last, First, Middle Initial)
Mailing Address 2550 University Avenue W.
City Saint Paul State MN Zip Code 55114-1052
FEC ID number of contributing federal political committee. **C**
Name of Employer Minnesota Hospital Association Occupation Vice President, Patient Safety
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.99**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 23313963
Amount of Each Receipt this Period **134.61**
 Memo Item

B. Ms. Deb Fischer-Clemens
Full Name (Last, First, Middle Initial)
Mailing Address 3005 W 90th St
City Sioux Falls State SD Zip Code 57108-5029
FEC ID number of contributing federal political committee. **C**
Name of Employer Avera Health Occupation Senior Vice President, Avera Center fo
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 23313964
Amount of Each Receipt this Period **175.00**
 Memo Item

C. Mr. Benjamin Koppelman
Full Name (Last, First, Middle Initial)
Mailing Address 600 Pleasant Avenue
City Park Rapids State MN Zip Code 56470-1431
FEC ID number of contributing federal political committee. **C**
Name of Employer CHI St. Joseph's Health Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 23313969
Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	809.61
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 49 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Rahul Koranne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue West, Suite
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Senior Vice President, CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313970
 Amount of Each Receipt this Period
 280.00
 Memo Item

B. Mr. Richard G Korman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3509 W 8th St.
 Apt. 204
 City State Zip Code
 Sioux Falls SD 57108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Health Senior Vice President and General Coun
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313971
 Amount of Each Receipt this Period
 175.00
 Memo Item

C. Ms. Kristin Loncorich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Director of State Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313972
 Amount of Each Receipt this Period
 134.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	589.61
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 50 OF 126
	<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. Lawrence J Massa
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue West, Suite

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer Minnesota Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313973

Amount of Each Receipt this Period
 770.00

Memo Item

B. Mr. Ben Peltier
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W. Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Legal Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313976

Amount of Each Receipt this Period
 409.29

Memo Item

C. Ms. Megan Remark MHA, MBA
Full Name (Last, First, Middle Initial)

Mailing Address 640 Jackson Street

City Saint Paul State MN Zip Code 55101-2502

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

Name of Employer Regions Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 23313977

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1429.29
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 51 OF 126
	<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. Joseph A Schindler
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 23313978

Amount of Each Receipt this Period
134.61

Memo Item

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

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President of Information Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 23313979

Amount of Each Receipt this Period
134.61

Memo Item

C. Ms. Peggy Westby
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 23313980

Amount of Each Receipt this Period
134.61

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	403.83
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 52 OF 126
	<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. Sheila Currans
Full Name (Last, First, Middle Initial)
Mailing Address 1210 KY Highway 36E

City Cynthiana	State KY	Zip Code 41031-7498
-------------------	-------------	------------------------

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

Name of Employer Harrison Memorial Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 23314006

Amount of Each Receipt this Period
500.00

Memo Item

B. Mr. Kevin Halter
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 789

City Ashland	State KY	Zip Code 41105-0789
-----------------	-------------	------------------------

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

Name of Employer Our Lady of Bellefonte Hospital	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 23314007

Amount of Each Receipt this Period
500.00

Memo Item

C. Ms. Nancy G. Rust
Full Name (Last, First, Middle Initial)
Mailing Address 937 Woodland Heights Drive

City Louisville	State KY	Zip Code 40245-5219
--------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

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
07		12		2016

Transaction ID : 23314008

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 53 OF 126
(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. Michael T Rust

Mailing Address P O Box 436629

City State Zip Code
Louisville KY 40253-6629

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23314009

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Chip Peal

Mailing Address 299 King's Daughters Drive

City State Zip Code
Frankfort KY 40601-6514

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

Name of Employer Occupation
Frankfort Regional Medical Center 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
 07 / 12 / 2016
Transaction ID : 23314010

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Mr. Charles D Lovell Jr FACHE

Mailing Address P O Box 410

City State Zip Code
Princeton KY 42445-0410

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

Name of Employer Occupation
Knox County Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23314013

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 126
(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 A Dwyer MSN,MM,RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 E. High Street #202
 City Lexington State KY Zip Code 40507-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Joseph Hospital Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314015
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Col Jerome Penner
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Poplar Street
 City Murray State KY Zip Code 42071-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Murray-Calloway County Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314026
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Michael Sherrod
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Ashley Circle
 City Bowling Green State KY Zip Code 42104-3362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TriStar Greenview Regional Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314027
 Amount of Each Receipt this Period 227.50
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1027.50
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 55 OF 126
	<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. Mark J Neff
Full Name (Last, First, Middle Initial)
Mailing Address 222 Medical Circle
City Morehead State KY Zip Code 40351-1179
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Claire Regional Medical Center Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314028
Amount of Each Receipt this Period 500.00
 Memo Item

B. Mr. Dan Stone
Full Name (Last, First, Middle Initial)
Mailing Address 100 Medical Center Drive
City Hazard State KY Zip Code 41701-9421
FEC ID number of contributing federal political committee. **C**
Name of Employer Hazard ARH Regional Medical Center Occupation Senior Community Chief Executive Off
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314029
Amount of Each Receipt this Period 500.00
 Memo Item

C. Ms. Jane Wheatley
Full Name (Last, First, Middle Initial)
Mailing Address 1700 Old Lebanon Road
City Campbellsville State KY Zip Code 42718-9662
FEC ID number of contributing federal political committee. **C**
Name of Employer Taylor Regional Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314038
Amount of Each Receipt this Period 500.00
 Memo Item

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: PAGE 56 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. J Michael Mountain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Industrial Drive
 City Owensboro State KY Zip Code 42301-8715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RiverValley Behavioral Health Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314040
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mr. Harry L Berry
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 North Dixie Avenue
 City Elizabethtown State KY Zip Code 42701-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hardin Memorial Hospital Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314041
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Brian Brezosky
 Full Name (Last, First, Middle Initial)
 Mailing Address Post Office Box 436620
 City Louisville State KY Zip Code 40253-6620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314069
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 126
	<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. Elizabeth G. Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 436629
 City Louisville State KY Zip Code 40205-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Director of Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314070
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ms. Kim J. Dees
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nelson Miller Parkway Post Office Box 436629
 City Louisville State KY Zip Code 40223-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Executive Dir, Center for Health Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314071
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ms. Nancy C. Galvagni
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nelson Miller Parkway
 City Louisville State KY Zip Code 40223-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314072
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 58 OF 126
(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. Sarah S. Nicholson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nelson Miller Parkway
 City State Zip Code
 Louisville KY 40223-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kentucky Hospital Association Vice President, Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23314073
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ms. April Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 3528 Deibel Way
 City State Zip Code
 Louisville KY 40220-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kentucky Hospital Association Vice President/Finance
 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
 07 / 12 / 2016
Transaction ID : 23314074
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ms. Carol J. Walters
 Full Name (Last, First, Middle Initial)
 Mailing Address Post Office Box 436629
 City State Zip Code
 Louisville KY 40253-6629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kentucky Hospital Association Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 23314075
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 126
	<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. Charles J. Warnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Hilltop Meadow
 City Frankfort State KY Zip Code 46001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Hospital Association Occupation Director of Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314076
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. John Hollinsworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 8521 Old Lagrange Road
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brook Hospital - KMI, The Occupation Divisional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23314077
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Paul F Richard
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Broadway North
 City Fargo State ND Zip Code 58122-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Medical Center Fargo Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 07 / 27 / 2016
Transaction ID : 23314114
 Amount of Each Receipt this Period 660.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1410.00
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 60 OF 126
	<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. Kenneth W. Bateman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 Timber Creek Drive
 City State Zip Code
 Cape Girardeau MO 63701-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SoutheastHEALTH CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 07 / 26 / 2016
Transaction ID : 23314123
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. William K Mahoney
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Barnes Lane
 City State Zip Code
 Branson MO 65616-6226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cox Medical Center Branson President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 07 / 26 / 2016
Transaction ID : 23314127
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. Jacob McWay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1137 South Pickwick Avenue
 City State Zip Code
 Springfield MO 65804-0155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CoxHealth Senior Vice President and Chief Financ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 212.50

Date of Receipt
 07 / 29 / 2016
Transaction ID : 23314138
 Amount of Each Receipt this Period
 212.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	712.50
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 61 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Perry J. Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 1920 SE Olson Drive

City Waukee State IA Zip Code 50263-8180

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

Name of Employer Iowa Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 27 / 2016
Transaction ID : 23314537

Amount of Each Receipt this Period 50.00

Memo Item

B. Ms. Rebecca Anthony
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue Suite 100

City Des Moines State IA Zip Code 50309-1800

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

Name of Employer Iowa Hospital Association Occupation Vice President, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.87

Date of Receipt 07 / 27 / 2016
Transaction ID : 23314538

Amount of Each Receipt this Period 46.43

Memo Item

C. Ms. Maureen Keehne
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue Suite 100

City Des Moines State IA Zip Code 50309-1817

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 27 / 2016
Transaction ID : 23314539

Amount of Each Receipt this Period 65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 161.43

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 100 East Grand Avenue

City Des Moines State IA Zip Code 50309-1817

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

Name of Employer Iowa Hospital Association Occupation Director, Advocacy Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **321.45**

Date of Receipt **07 / 27 / 2016**

Transaction ID : 23314540

Amount of Each Receipt this Period **35.72**

Memo Item

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

Mailing Address 100 East Grand Avenue, Suite 100

City Des Moines State IA Zip Code 50309-1800

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **337.50**

Date of Receipt **07 / 27 / 2016**

Transaction ID : 23314541

Amount of Each Receipt this Period **37.50**

Memo Item

C. Ms. Erika Eckley
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue, Suite 100

City Des Moines State IA Zip Code 50309-1800

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

Name of Employer Iowa Hospital Association Occupation Director, Government Relations Staff L

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 27 / 2016**

Transaction ID : 23314542

Amount of Each Receipt this Period **25.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	98.22
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 63 OF 126
	<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 Cindy Schultz		Date of Receipt MM / DD / YYYY 07 / 27 / 2016 Transaction ID : 23314543
Mailing Address 100 East Grand Avenue Suite 100		Amount of Each Receipt this Period 25.00
City Des Moines	State IA	Zip Code 50309-1800
FEC ID number of contributing federal political committee.	C	
Name of Employer Iowa Hospital Association	Occupation Director, Finance & Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Mr. Neil Hilton		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 23314555
Mailing Address 2005 Warren Avenue Post Office Box 249		Amount of Each Receipt this Period 175.00
City Cheyenne	State WY	Zip Code 82001-3725
FEC ID number of contributing federal political committee.	C	
Name of Employer Wyoming Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Ms. Vickie L Diamond RN, MS		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 23314556
Mailing Address 1233 East Second Street		Amount of Each Receipt this Period 500.00
City Casper	State WY	Zip Code 82601-2926
FEC ID number of contributing federal political committee.	C	
Name of Employer Wyoming Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 64 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Douglas A McMillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 Sheridan Avenue
 City State Zip Code
 Cody WY 82414-3409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Park Hospital Administrator and Chief Executive Offi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 23314557
 Amount of Each Receipt this Period
 175.00
 Memo Item

B. Mr. Gerard D Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1359
 City State Zip Code
 Rock Springs WY 82902-1359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial Hospital of Sweetwater County Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 23314558
 Amount of Each Receipt this Period
 175.00
 Memo Item

C. Mr. Ryan K Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1450
 City State Zip Code
 Douglas WY 82633-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial Hospital of Converse County Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 23314559
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 65 OF 126
(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. Margo Karsten PhD, MSN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 East 23rd Street
 City Cheyenne State WY Zip Code 82001-3748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cheyenne Regional Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 23314561
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ms. Yvonne Wigington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4475 S SKyline Rd
 City Casper State WY Zip Code 82604-9250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wyoming Medical Center Occupation Vice President, Chief Financial Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 23314562
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ms. Robin Roling
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 East Arapahoe Street
 City Thermopolis State WY Zip Code 82443-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hot Springs County Memorial Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 23314565
 Amount of Each Receipt this Period 175.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 66 OF 126
(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. Eric Boley

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 23314593

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Doug Faus FACHE

Mailing Address 255 North 30th Street

City State Zip Code
Laramie WY 82072-5140

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

Name of Employer Occupation
Iverson Memorial Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 23314594

Amount of Each Receipt this Period
175.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Andy Fitzgerald FHFMA

Mailing Address P O Box 3011

City State Zip Code
Gillette WY 82717-3011

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

Name of Employer Occupation
Campbell County Health 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
 07 / 29 / 2016
Transaction ID : 23314595

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00

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 67 OF 126
(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. Charlie A Button

Mailing Address P O Box 579

City State Zip Code
Afton WY 83110-0579

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

Name of Employer Occupation
Star Valley Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 23314596

Amount of Each Receipt this Period
175.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey M Fried FACHE

Mailing Address 424 Savannah Road

City State Zip Code
Lewes DE 19958-1462

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

Name of Employer Occupation
Beebe Healthcare 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
 07 / 27 / 2016
Transaction ID : 23314632

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Elizabeth Concordia

Mailing Address 2315 East Harmony Road, Suite 200

City State Zip Code
Fort Collins CO 80528-8620

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

Name of Employer Occupation
University of Colorado Health 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
 07 / 27 / 2016
Transaction ID : 23314666

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1175.00

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 68 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John R Hicks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Prairie Center Parkway
 City State Zip Code
 Brighton CO 80601-4006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Platte Valley Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2016
Transaction ID : 23314667
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. Jeffrey A Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12605 East 16th Avenue
 City State Zip Code
 Aurora CO 80045-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Hospital Director Government and Corporate Rela
 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
 07 / 27 / 2016
Transaction ID : 23314668
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. Robert J Santilli
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 North Taylor Street
 City State Zip Code
 Gunnison CO 81230-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gunnison Valley Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2016
Transaction ID : 23314669
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
	<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. Kenneth Harman
Full Name (Last, First, Middle Initial)

Mailing Address 345 Cleveland Street

City Meeker State CO Zip Code 81641-3238

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

Name of Employer: Pioneers Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 27 / 2016
Transaction ID : 23314672

Amount of Each Receipt this Period: 500.00

Memo Item

B. Mr. Kent Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 1311 North Mildred Road

City Cortez State CO Zip Code 81321-2231

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

Name of Employer: Southwest Memorial Hospital
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 27 / 2016
Transaction ID : 23314686

Amount of Each Receipt this Period: 500.00

Memo Item

C. Ms. Heidi Baskfield
Full Name (Last, First, Middle Initial)

Mailing Address 13123 East 16th Avenue

City Aurora State CO Zip Code 80045-7106

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

Name of Employer: Children's Hospital Colorado
Occupation: Director of Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 27 / 2016
Transaction ID : 23315259

Amount of Each Receipt this Period: 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 126
	<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 Hamm
Full Name (Last, First, Middle Initial)
Mailing Address 200 Exempla Circle
City Lafayette State CO Zip Code 80026-3370
FEC ID number of contributing federal political committee. **C**
Name of Employer Good Samaritan Medical Center Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2016
Transaction ID : 23315268
Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Steve Hess
Full Name (Last, First, Middle Initial)
Mailing Address 2500 Rocky Mountain Avenue
City Loveland State CO Zip Code 80538-9004
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Colorado Hospital Occupation Vice President Information Services an
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2016
Transaction ID : 23315495
Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. James H Hinton
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 26666
City Albuquerque State NM Zip Code 87125-6666
FEC ID number of contributing federal political committee. **C**
Name of Employer Presbyterian Healthcare Services Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2016
Transaction ID : 23333294
Amount of Each Receipt this Period 500.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 71 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Karen Ali
 Mailing Address 15 Sherbrook Drive
 City State Zip Code
 Princeton NJ 08550-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association General Counsel, Legal Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 396.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333313
 Amount of Each Receipt this Period
 6.50
 Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. James Barr
 Mailing Address 42 Rustic Trail
 City State Zip Code
 Flemington NJ 08822-5576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlantic Health System Vice President, Clinical Int
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333340
 Amount of Each Receipt this Period
 227.50
 Memo Item

Full Name (Last, First, Middle Initial)
c. Ms. Stephanie L Bloom FACHE
 Mailing Address 10 Black Oak Lane
 City State Zip Code
 Kinnelon NJ 07405-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chilton Medical Center President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333362
 Amount of Each Receipt this Period
 227.50
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 461.50
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 72 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael R D'Agnes FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Jason Drive
 City East Brunswick State NJ Zip Code 08816-3342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raritan Bay Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1300.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333438
 Amount of Each Receipt this Period 1300.00
 Memo Item

B. Mr. Michael Guerriero
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City Princeton State NJ Zip Code 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 284.03

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333516
 Amount of Each Receipt this Period 33.15
 Memo Item

C. Mr. Leslie Hirsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Pocono Road
 City Denville State NJ Zip Code 07834-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Peter's University Hospital Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 216.68

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333532
 Amount of Each Receipt this Period 108.34
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1441.49
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 73 OF 126
(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. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
283.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333535

Amount of Each Receipt this Period
 33.03

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Thomas Kloos

Mailing Address 11 Glenmon Road

City State Zip Code
Whitehouse Station NJ 08889-3636

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

Name of Employer Occupation
Atlantic Health System President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333558

Amount of Each Receipt this Period
 227.50

Memo Item

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

Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355-3441

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

Name of Employer Occupation
New Jersey Hospital Association Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333568

Amount of Each Receipt this Period
 46.59

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.12

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 74 OF 126
	<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. Kevin Lenahan
Full Name (Last, First, Middle Initial)

Mailing Address 56 Cory Road

City Flanders State NJ Zip Code 07836-9600

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

Name of Employer Atlantic Health System Occupation Vice President Finance and Chief Finan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333573

Amount of Each Receipt this Period
 975.00

Memo Item

B. Mr. Alan R Lieber
Full Name (Last, First, Middle Initial)

Mailing Address 4 Sun Watch Court

City Ramsey State NJ Zip Code 07446-2123

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

Name of Employer Overlook Medical Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333577

Amount of Each Receipt this Period
 975.00

Memo Item

C. Ms. Elizabeth Lindsay-Wood
Full Name (Last, First, Middle Initial)

Mailing Address 7704 north Ola Avenue

City Tampa State FL Zip Code 33604-4067

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

Name of Employer Overlook Medical Center Occupation Interim Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333580

Amount of Each Receipt this Period
 650.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 75 OF 126
	<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. Frank McKenna
Full Name (Last, First, Middle Initial)

Mailing Address 10 Nancy Lane

City Basking Ridge State NJ Zip Code 07920-2315

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

Name of Employer Atlantic Health System Occupation Director, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333593

Amount of Each Receipt this Period 227.50

Memo Item

B. Ms. Sheilah O'Halloran
Full Name (Last, First, Middle Initial)

Mailing Address 335 tuttle Parkway

City Westfield State NJ Zip Code 07090-4024

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

Name of Employer Atlantic Health System Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333614

Amount of Each Receipt this Period 325.00

Memo Item

C. Ms. Patricia O'Keefe
Full Name (Last, First, Middle Initial)

Mailing Address 50 Headley Road

City Morristown State NJ Zip Code 07960-5914

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

Name of Employer Atlantic Health System Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333616

Amount of Each Receipt this Period 975.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1527.50

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 76 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert Peake Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Wardell Avenue
 City Rumson State NJ Zip Code 07760-1036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Health System Occupation Director, Facilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333619
 Amount of Each Receipt this Period 227.50
 Memo Item

B. Mr. Walter Rosenfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Beaver Dam Road
 City Randolph State NJ Zip Code 07869-3803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Health System Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333640
 Amount of Each Receipt this Period 227.50
 Memo Item

C. Ms. Jan Schwarz-Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 Mountain Road
 City Stanfordville State NY Zip Code 12581-5769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Health System Occupation VP, Quality & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333651
 Amount of Each Receipt this Period 650.00
 Memo Item

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 77 OF 126
	<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. Steven Sheris
Full Name (Last, First, Middle Initial)

Mailing Address 6 Essex Court

City Livingston State NJ Zip Code 07039-3628

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

Name of Employer Atlantic Health System Occupation SVP, Physician Enterprise

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
 07 / 22 / 2016
Transaction ID : 23333652

Amount of Each Receipt this Period
 227.50

Memo Item

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

Mailing Address 43 Pippons Way

City Morristown State NJ Zip Code 07960-6973

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

Name of Employer Atlantic Health System Occupation Senior, Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333654

Amount of Each Receipt this Period
 975.00

Memo Item

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

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 379.59

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : 23333656

Amount of Each Receipt this Period
 46.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1249.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 126
	<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. Judith A. Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Aberdeen Drive
 City Mendham State NJ Zip Code 07945-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Health System Occupation Director, Informations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 22 / 2016
Transaction ID : 23333687
 Amount of Each Receipt this Period 227.50
 Memo Item

B. Ms. Karen Ali
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Sherbrook Drive
 City Princeton State NJ Zip Code 08550-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation General Counsel, Legal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23337971
 Amount of Each Receipt this Period 6.50
 Memo Item

C. Mr. Nathan Bosk
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Averstone Road
 City Holland State PA Zip Code 18966-2676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Health Occupation Vice President, Ambulatory Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23337985
 Amount of Each Receipt this Period 260.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	494.00
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 79 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Scott Clemmensen
Full Name (Last, First, Middle Initial)

Mailing Address 140 Chilton Rd

City Langhorne State PA Zip Code 19047-8115

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

Name of Employer Capital Health Occupation Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23338358

Amount of Each Receipt this Period 260.00

Memo Item

B. Mr. Joseph P Coyle
Full Name (Last, First, Middle Initial)

Mailing Address 46 Cypress Lane

City West Creek State NJ Zip Code 08092-2839

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

Name of Employer Southern Ocean Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23338575

Amount of Each Receipt this Period 650.00

Memo Item

C. Mr. Gregory D'Adamo
Full Name (Last, First, Middle Initial)

Mailing Address 33 Brookwood Road

City Mount Laurel State NJ Zip Code 08054-4714

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

Name of Employer Capital Health Occupation Vice President, Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23338581

Amount of Each Receipt this Period 260.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1170.00
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 80 OF 126
	<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. Dennis J Dooley MD
Full Name (Last, First, Middle Initial)

Mailing Address 63 Dogwood Lane

City Newtown State PA Zip Code 18940-9653

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

Name of Employer Capital Health Occupation Vice President Planning and Developmen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23338745

Amount of Each Receipt this Period 260.00

Memo Item

B. Ms. Robin Goldfischer ESQ
Full Name (Last, First, Middle Initial)

Mailing Address 370 Lydecker Street

City Englewood State NJ Zip Code 07631-1914

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

Name of Employer Valley Hospital Occupation Senior Vice President and General Coun

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 23339024

Amount of Each Receipt this Period 325.00

Memo Item

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

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.88

Date of Receipt 07 / 15 / 2016
Transaction ID : 23339033

Amount of Each Receipt this Period 6.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	591.50
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 81 OF 126
	<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. Sean J. Hopkins
Full Name (Last, First, Middle Initial)
Mailing Address 6180 Lower Mountain Road

City New Hope	State PA	Zip Code 18938-5760
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : 23339034

Amount of Each Receipt this Period
6.50

Memo Item

B. Ms. Eileen Horton
Full Name (Last, First, Middle Initial)
Mailing Address 633 Dutch Neck Road

City East Windsor	State NJ	Zip Code 08520-1103
----------------------	-------------	------------------------

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

Name of Employer Capital Health	Occupation Vice President, Patient Services
------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : 23339292

Amount of Each Receipt this Period
260.00

Memo Item

C. Mr. David P. Lavins
Full Name (Last, First, Middle Initial)
Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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

Name of Employer New Jersey Hospital Association	Occupation Chief Financial Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
331.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : 23339869

Amount of Each Receipt this Period
6.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	273.00
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 82 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Al Maghazehe PhD, FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 314 Stoney Ford Road

City Holland State PA Zip Code 18966-2510

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

Name of Employer Capital Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1844.70

Date of Receipt 07 / 15 / 2016
Transaction ID : 23339873

Amount of Each Receipt this Period 1844.70

Memo Item

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

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.79

Date of Receipt 07 / 15 / 2016
Transaction ID : 23340170

Amount of Each Receipt this Period 6.50

Memo Item

C. Ms. Melinda Reid Hatton
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1045726239534

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1928.14

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 83 OF 126
(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. Sarah B. Macchiarola
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1082532739534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Barbara Jelen
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 N Royal St
 City Alexandria State VA Zip Code 22314-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1113464239534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Lisa Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1118928239534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.82
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 126
	<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. Dale A Kirby
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 331
 City Colusa State CA Zip Code 95932-0331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1125892339534
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Matthew Fenwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association Occupation Vice President, Strategy & Relationshi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.92

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1234662939534
 Amount of Each Receipt this Period 111.12
 Memo Item
 P/R Deduction (\$55.56 Bi-Weekly)

C. Ms. Mary Meadows
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1260472939534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	215.00
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 85 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jack A. Mackay
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1347703639534
 Amount of Each Receipt this Period **38.48**
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Susan Gergely MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N. Wacker Drive Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **202.05**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1347791039534
 Amount of Each Receipt this Period **26.94**
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Heather Drevna
 Full Name (Last, First, Middle Initial)
 Mailing Address 3205 Ravensworth PL
 City Alexandria State VA Zip Code 22302-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Advocacy and Member Co
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **202.05**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1348169739534
 Amount of Each Receipt this Period **26.94**
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	92.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Sharon Allen
Full Name (Last, First, Middle Initial)

Mailing Address 155 N. Wacker

City Chicago State IL Zip Code 60606-1787

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

Name of Employer American Hospital Association-Chicago Occupation Senior Executive Director, Business Se

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1474886239534

Amount of Each Receipt this Period 26.94

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Fannie D. Wade
Full Name (Last, First, Middle Initial)

Mailing Address 7706 Heartwood Lane

City Upper Marlboro State MD Zip Code 20772-4323

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

Name of Employer American Hospital Association-Washingt Occupation Executive Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1476385739534

Amount of Each Receipt this Period 26.94

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Monica D Day
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Telfair Blvd B219

City Suitland State MD Zip Code 20746-4297

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

Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1516850639534

Amount of Each Receipt this Period 26.94

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	80.82
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 87 OF 126
	<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. Elisa Arespachoga
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Director, Constituency Secti
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1555656239534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Kathy Poole
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1589439939534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Kimberly Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director Travel Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1590809139534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	80.82
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 88 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Editor Health Facilities Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1625366839534

Amount of Each Receipt this Period 26.94

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

B. Mr. Bob Kehoe
Full Name (Last, First, Middle Initial)

Mailing Address 155 North Wacker Drive, Suite 400

City Chicago State IL Zip Code 60606-1719

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

Name of Employer American Hospital Association-Chicago Occupation Executive Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1625368339534

Amount of Each Receipt this Period 26.94

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Bill Ladewski
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Membership Associate, Center for Heat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1625369139534

Amount of Each Receipt this Period 26.94

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.82

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 89 OF 126
(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. Joan M. M. Ryzner
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Education Program Manager, HRET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1625587839534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Monique Showalter
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Marketing AHA Solutions, Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1625602239534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Erik Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1819487939534
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.82
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 90 OF 126
	<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. Aimee Kuhlman
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Fed. Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1877582339534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Shari Dexter
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW, Suite 400
 City Washington State DC Zip Code 20001-5189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Political Action
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1878189839534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms Beverly Hancock
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N. Wacker Dr.
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Dir Educational Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1913189339534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	92.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 126
	<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. Joanna Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1913190539534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Evelyn Knolle
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1913190739534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Juanita Myrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Employee Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1913192539534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	103.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Jennifer Schleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Media Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1913194039534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Chantal Worzala
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1913196439534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Janet Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1937843139534
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	142.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Diane Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1943461539534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Stacey Chappell
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation Associate Director, Advocacy, Media Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1963876239534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Ursula Pawlowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N. Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Governance and Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1973934539534
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 115.42
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 94 OF 126
(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. Priscilla Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Federal Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2053848439534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Marie A Cleary-Fishman
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Drive
 6102
 City Chicago State IL Zip Code 60606-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation VP Clinical Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 421.12

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2053848939534
 Amount of Each Receipt this Period 105.28
 Memo Item
 P/R Deduction (\$52.64 Bi-Weekly)

C. Ms Kristina Weger
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2058887039534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 126
	<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 Travis E Robey
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Fed Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2060308239534

Amount of Each Receipt this Period 38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

B. Mr Damareus Barbour
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer AONE Occupation Workforce Center Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2060632939534

Amount of Each Receipt this Period 26.94

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Michael P. McCue
Full Name (Last, First, Middle Initial)

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR327771639534

Amount of Each Receipt this Period 76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	142.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Suzanne R. Sonik
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR32777239534
 Amount of Each Receipt this Period **38.48**
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City Oak Park State IL Zip Code 60304-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR32777839534
 Amount of Each Receipt this Period **76.94**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Neil Jesuele
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive, Suite 400
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Executive Vice President
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR327801739534
 Amount of Each Receipt this Period **38.48**
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Pamela Austin Thompson MS,RN,FAAN

Mailing Address 10524 Knollwood Drive

City Manassas State VA Zip Code 20111-2834

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

Name of Employer AONE Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR327812039534

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR327831739534

Amount of Each Receipt this Period **38.48**

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Mark Seklecki

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR327858039534

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.36
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 98 OF 126
(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. Jack F. Barry

Mailing Address 500 District Avenue

City Burlington State MA Zip Code 01803-5041

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR327877839534

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 155 N. Wacker Drive

City Chicago State IL Zip Code 60606-1787

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR327895739534

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Eileen M. Collins Offner

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Director Policy Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.05**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR327906139534

Amount of Each Receipt this Period **26.94**

Memo Item

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **180.82**

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 99 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas J. Bonner FACHE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 679010

City Austin	State TX	Zip Code 78767-9010
----------------	-------------	------------------------

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

Name of Employer American Hospital Association-Chicago	Occupation Regional Executive
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR327983739534

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Ron O. Purcell
Full Name (Last, First, Middle Initial)
Mailing Address 1093 N. Faldo Way

City Eagle	State ID	Zip Code 83616-5369
---------------	-------------	------------------------

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

Name of Employer American Hospital Association-Chicago	Occupation Regional Executive
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR328241439534

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Richard J. Pollack
Full Name (Last, First, Middle Initial)
Mailing Address 3475 North Venice Street

City Arlington	State VA	Zip Code 22207-4446
-------------------	-------------	------------------------

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

Name of Employer American Hospital Association-Washingt	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : PR328260939534

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
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 100 OF 126
(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. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Clover Hill Court
 City State Zip Code
 Yardley PA 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Regional Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR328511839534
 Amount of Each Receipt this Period
 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City State Zip Code
 Arlington VA 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Senior Vice President, Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR328512039534
 Amount of Each Receipt this Period
 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

c. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 City State Zip Code
 Chicago IL 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Senior Director, Health Data Managemen
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR328641139534
 Amount of Each Receipt this Period
 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 192.36
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 101 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606-4425

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

Name of Employer American Hospital Association-Chicago Occupation SPSA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR329013439534

Amount of Each Receipt this Period **38.48**

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Dr. John R. Combes

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR329071339534

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Robyn L. Bash

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

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

Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR329084439534

Amount of Each Receipt this Period **76.94**

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **192.36**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Virginia Way
 City State Zip Code
 Brentwood TN 37027-7525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago AHA Regional Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 577.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR329215739534
 Amount of Each Receipt this Period
 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. John Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City State Zip Code
 Chicago IL 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Senior Vice President & CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR329342639534
 Amount of Each Receipt this Period
 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City State Zip Code
 Chicago IL 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Senior Director Member Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR330343339534
 Amount of Each Receipt this Period
 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	142.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas Misfeldt
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR330411639534
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Maureen Mudron
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Counsel/Div of Federal Regulations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR330465239534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Paul N. Muraca
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 138th Circle West
 City Apple Valley State MN Zip Code 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR330475439534
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	180.82
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 104 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Gene O'Dell

Mailing Address 155 North Wacker Drive, Suite 400

City State Zip Code
Chicago IL 60606-1719

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Strategic Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt
07 / 31 / 2016
Transaction ID : PR330547739534

Amount of Each Receipt this Period
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

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

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Constituency Section

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt
07 / 31 / 2016
Transaction ID : PR330549239534

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City State Zip Code
Chicago IL 60634-3232

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

Name of Employer Occupation
American Hospital Association-Chicago Executive Director, Associate Membersh

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt
07 / 31 / 2016
Transaction ID : PR331098339534

Amount of Each Receipt this Period
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **153.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Debi H. Tucker Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 N. Kentucky Street
 City Arlington State VA Zip Code 22205-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, State Issues Forum
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR331278839534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Darlene Vanderbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Executive Office Opera
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR331304239534
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Jo Ann K Webb MHA, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AONE Occupation Senior Director of Federal Relations a
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR331379139534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	142.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 126
	<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. Dale L Woodin CHFM,FASHE
Full Name (Last, First, Middle Initial)
Mailing Address 155 North Wacker Drive, Suite 400
City Chicago State IL Zip Code 60606-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association Occupation Vice President, Personal Membership Gr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR331481339534
Amount of Each Receipt this Period 26.94
 Memo Item
P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Megan Cundari
Full Name (Last, First, Middle Initial)
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
City Washington State DC Zip Code 20001-5188
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR518031939534
Amount of Each Receipt this Period 76.94
 Memo Item
P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Laura M. Werner
Full Name (Last, First, Middle Initial)
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
City Washington State DC Zip Code 20001-5188
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR560101539534
Amount of Each Receipt this Period 38.48
 Memo Item
P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 142.36
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 126
	<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. Ashley B. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 S. Royal St.
 City Alexandria State VA Zip Code 22314-4142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR766023739534
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Rochelle M. Archuleta
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2016
Transaction ID : PR801366339534
 Amount of Each Receipt this Period 26.94
 Memo Item
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Lisa Kidder Hrobsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Grassroots and Advocac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2016
Transaction ID : PR876637239534
 Amount of Each Receipt this Period 38.48
 Memo Item
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	142.36
TOTAL This Period (last page this line number only).....	84804.63

**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 108 OF 126
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2016
Transaction ID : 23279198

Amount of Each Receipt this Period
25000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016
Transaction ID : 23296547

Amount of Each Receipt this Period
25000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Montana Hospital Association PAC - Federal Fund

Mailing Address 2625 Winne Ave

City State Zip Code
Helena MT 59601

FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9900.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2016
Transaction ID : 23308007

Amount of Each Receipt this Period
9900.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	59900.00
TOTAL This Period (last page this line number only).....	59900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 OF 126
(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

Full Name (Last, First, Middle Initial)
A. TD Bank

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 ▼
1955.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 23340579

Amount of Each Receipt this Period
 307.86

Memo Item

Interest Earned

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	307.86
TOTAL This Period (last page this line number only).....▶	307.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23340580

Amount of Each Disbursement this Period

Memo Item
Merchant Fees

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23340581

Amount of Each Disbursement this Period

Memo Item
Merchant Fees

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23340582

Amount of Each Disbursement this Period

Memo Item
Bank Fee

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. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Rodney L. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

/ /

Transaction ID : 23285958

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Olson For Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Pete Olson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

/ /

Transaction ID : 23285959

Amount of Each Disbursement this Period

Memo Item
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
2016 Contribution

Category/
Type

Candidate Name

Leadership For Today and Tomorrow

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 23285961

Amount of Each Disbursement this Period

Memo Item
2016 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. Treasure State PAC

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Treasure State PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285963

Amount of Each Disbursement this Period

5000.00

Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

B. Shelby For U S Senate

Mailing Address PO Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sen. Richard C. Shelby

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285966

Amount of Each Disbursement this Period

4000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Robert Aderholt For Congress

Mailing Address P. O. Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Robert B. Aderholt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285968

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

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

10000.00

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. Mobrooksforcongress.Com

Mailing Address 7610 Foxfire Dr.

City Huntsville State AL Zip Code 35802

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Mo Brooks

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: AL District: 05

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285970

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Byrne For Congress

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Bradley Byrne

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: AL District: 01

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285977

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Martha Roby For Congress

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Martha Roby

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285979

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike D. Rogers

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23285981

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Terri A. Sewell

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23285982

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. McCollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
Contribution

Candidate Name

Rep. Betty McCollum

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 23285984

Amount of Each Disbursement this Period

Memo Item
Contribution

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cory Booker For Senate

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2020 Contribution

011

Candidate Name
Sen. Cory A. Booker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 23285986

Amount of Each Disbursement this Period

2000.00

Memo Item
2020 Contribution

Full Name (Last, First, Middle Initial)

B. Pete King For Congress Committee

Mailing Address PO Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Pete T. King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 23285987

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. 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: 2016
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 23285988

Amount of Each Disbursement this Period

2000.00

Memo Item
Contribution

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

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Ryan Costello

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285989

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Doyle For Congress Committee

Mailing Address 205 Hawthorne Ct

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Michael F. Doyle

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: PA District: 14

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285990

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Tom Marino

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285991

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Contribution

Candidate Name

Rep. William Franklin Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 23285992

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Heidi For Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Heidi Heitkamp

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292377

Amount of Each Disbursement this Period

1000.00

Memo Item
2018 Contribution

Full Name (Last, First, Middle Initial)

C. Ralph Abraham For Congress

Mailing Address P.O. Box 14062

City Monroe State LA Zip Code 71207

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ralph Abraham MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292378

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens For Boyle

Mailing Address 499 S. Capitol St. Sw
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Brendan F. Boyle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292379

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Cartwright For Congress

Mailing Address PO Box 414

City Scranton State PA Zip Code 18501

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Matt A. Cartwright

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292380

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Richard L. Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292381

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

/ /

Transaction ID : 23292382

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Erik P. Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

/ /

Transaction ID : 23292383

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address Pob 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

/ /

Transaction ID : 23292384

Amount of Each Disbursement this Period

Memo Item
Contribution

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code
Detroit Lakes MN 56502

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Collin C. Peterson

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : 23292385

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 3314

City State Zip Code
Oregon City OR 97045

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Kurt Schrader

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : 23292386

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Swalwell For Congress

Mailing Address P.O. Box 2847

City State Zip Code
Dublin CA 94568

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Eric M. Swalwell

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : 23292387

Amount of Each Disbursement this Period

500.00

Memo Item
Contribution

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

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

2500.00

**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. Walberg For Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Tim Walberg

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292389

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Westerman For Congress

Mailing Address PO Box 21097

City Hot Springs State AR Zip Code 71903

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Bruce Westerman

Category/
Type

Office Sought: House
 Senate
 President
State: AR District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292390

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Big Sky Opportunity PAC

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement
2016 Contribution

011

Candidate Name
Big Sky Opportunity PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 23292397

Amount of Each Disbursement this Period

1000.00

Memo Item
2016 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. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Rep. Thomas Edmunds Price M.D.

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: GA District: 06

Date of Disbursement

/ /

Transaction ID : 23292398

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Gillibrand For Senate

Mailing Address 126 C Street Nw
2nd Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
2018 Contribution

Category/
Type

Candidate Name
Sen. Kirsten E. Gillibrand

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

Date of Disbursement

/ /

Transaction ID : 23292399

Amount of Each Disbursement this Period

Memo Item
2018 Contribution

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Rep. Mike Thompson

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: CA District: 05

Date of Disbursement

/ /

Transaction ID : 23307466

Amount of Each Disbursement this Period

Memo Item
Contribution

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rodney L. Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : 23307467

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Quigley For Congress

Mailing Address 2652 N Southport Avenue
Unit E

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael Quigley

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : 23307468

Amount of Each Disbursement this Period

3000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Trott For Congress, Inc.

Mailing Address P.O. Box 217

City Troy State MI Zip Code 48099

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave Trott

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : 23307469

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

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

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

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. Graves For Congress

Mailing Address 2345 Grand Blvd
Ste 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Samuel B. Graves Jr.

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : 23307470

Amount of Each Disbursement this Period

1500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Graves For Congress

Mailing Address 2345 Grand Blvd
Ste 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Samuel B. Graves Jr.

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : 23307471

Amount of Each Disbursement this Period

3500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ann Wagner

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : 23307472

Amount of Each Disbursement this Period

4000.00

Memo Item
Contribution

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

9000.00

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. Casperson For Congress

Mailing Address P.O. Box 499

City Escanaba State MI Zip Code 49829

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Tom Casperson

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : 23311868

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. DelBene For Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Suzan DelBene

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 23311869

Amount of Each Disbursement this Period

500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. DelBene For Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Suzan DelBene

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 23311870

Amount of Each Disbursement this Period

1500.00

Memo Item
Contribution

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

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

4500.00

**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. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Denny Heck

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23311871

Amount of Each Disbursement this Period

Memo Item
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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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