

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Hospital Association PAC

ADDRESS (number and street) 800 Tenth Street, NW Two CityCenter, Suite 400 Washington DC 20001-4956 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00106146 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2017 through 07 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hatton, Melinda, Ms., Type or Print Name of Treasurer

Signature of Treasurer Hatton, Melinda, Ms., [Electronically Filed] Date 08 / 18 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		2722052.22
(b) Cash on Hand at Beginning of Reporting Period.....	3254575.30	
(c) Total Receipts (from Line 19) .....	155704.63	1176014.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3410279.93	3898066.54
7. Total Disbursements (from Line 31).....	55382.12	543168.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3354897.81	3354897.81
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Hospital Association PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	75517.15	471071.73
(ii) Unitemized .....	29905.26	142848.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	105422.41	613920.02
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	105422.41	623920.02
12. Transfers From Affiliated/Other Party Committees.....	50000.00	513400.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	35941.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	282.22	1752.50
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)).....▶	155704.63	1176014.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	155704.63	1176014.32

**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 .....	382.12	4309.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	382.12	4309.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	538750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	109.65
(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	109.65
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	55382.12	543168.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55382.12	543168.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	105422.41	623920.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	109.65
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	105422.41	623810.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	382.12	4309.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	35941.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	382.12	- 31632.72

**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 111
	<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. Palmer, Justin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1250 Eye Street, NW  
Suite 700

City Washington State DC Zip Code 20005-5928

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

Name of Employer (for Individual) District of Columbia Hospital Associat Occupation (for Individual) Director of Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2017  
**Transaction ID : 23943706**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Lerg, Paul, B., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P. O. Box 332  
350 Red Tailed Hawk

City Grayling State MI Zip Code 49738-0332

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

Name of Employer (for Individual) Munson Healthcare Grayling Hospital Occupation (for Individual) Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2017  
**Transaction ID : 23975901**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Ahnen, Stephen, M., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

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

Name of Employer (for Individual) New Hampshire Hospital Association Occupation (for Individual) President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 07 / 06 / 2017  
**Transaction ID : 23976749**

Amount of Each Receipt this Period 45.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	795.50
<b>TOTAL</b> 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 111
	<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. Bizarro-Thunberg, Kathleen, A, Ms., MBA, FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 544 Upper Straw Rd  
 City Hopkinton State NH Zip Code 03229-2023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Hampshire Hospital Association Occupation (for Individual) Executive Vice President Federal Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2017  
**Transaction ID : 23976750**  
 Amount of Each Receipt this Period 22.75  
 Memo Item

**B. Minnehan, Paula, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 283 Gallopiny Hill Road  
 City Hopkinton State NH Zip Code 03229-3402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Hampshire Hospital Association Occupation (for Individual) V.P., Finance and Rural Hospitals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2017  
**Transaction ID : 23976751**  
 Amount of Each Receipt this Period 16.70  
 Memo Item

**C. Ash, Richard, M, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) United Hospital District Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 367.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2017  
**Transaction ID : 23976757**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.45
<b>TOTAL</b> 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 111
<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. Porter, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 West Avera Drive, Suite 300  
 City Sioux Falls State SD Zip Code 57108-5721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avera Health Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : 23976760**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Slunicka, Fredrick, K, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7200 S Burleigh Cir  
 City Sioux Falls State SD Zip Code 57108-5721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avera Health Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : 23976761**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. Wells, Mary Ellen, , Ms., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CentraCare Health-Monticello Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : 23976762**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Coppock, Alan, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Trillium Way

City Corbin	State KY	Zip Code 40701-8727
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baptist Health Corbin	Occupation (for Individual) President/CEO
--	--

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		10		2017

**Transaction ID : 23976772**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Berry, Harry, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 913 North Dixie Avenue

City Elizabethtown	State KY	Zip Code 42701-2503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hardin Memorial Hospital	Occupation (for Individual) Chairman
---	---

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		10		2017

**Transaction ID : 23976773**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Ranallo, Russ, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 East Parrish Avenue

City Owensboro	State KY	Zip Code 42303-3268
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Owensboro Health Regional Hospital	Occupation (for Individual) Vice President, Financial 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		10		2017

**Transaction ID : 23976774**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 10 OF 111
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hollinsworth, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Brook Hospital - KMI, The Occupation (for Individual) Divisional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23976776**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Rehn, Ronald, G., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 688 C Mahoney Rd  
 City Colville State WA Zip Code 99114-8748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Mount Carmel Hospital Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : 23980787**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

**C. Williams, Kim, , Ms., RN,MS,CENP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2815 Kayak View Pl  
 City Camano Island State WA Zip Code 98282-5022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Regional Medical Center Eve Occupation (for Individual) Chief Administrative Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : 23980788**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Bandoli, Chris, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14411 102nd Ave NE

City Kirkland	State WA	Zip Code 98034-9405
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington State Hospital Association	Occupation (for Individual) Senior Vice President, Advocacy
--	--

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		05		2017

**Transaction ID : 23980789**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. Helgerson, Bryce, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 NE 139th Street Suite 320

City Vancouver	State WA	Zip Code 98686-2742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Legacy Salmon Creek Medical Center	Occupation (for Individual) Chief Administrative Officer
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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		05		2017

**Transaction ID : 23980790**

Amount of Each Receipt this Period  
400.00

Memo Item

**C. Patel, Ketul, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1933 Dock Street

City Tacoma	State WA	Zip Code 98402-3267
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHI Franciscan Health System	Occupation (for Individual) Chief Executive Officer
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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		05		2017

**Transaction ID : 23980791**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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 111
	<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. Marsh, J., Michael, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1035 116th Avenue NE  
 Suite 340  
 City Bellevue State WA Zip Code 98004-4604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Overlake Medical Center Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : 23980802**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Bailey, Christopher, S., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2814 Northlake Drive  
 City Richmond State VA Zip Code 23233-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Hospital & Healthcare Associa Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23992513**  
 Amount of Each Receipt this Period 187.50  
 Memo Item

**C. Youmans, Kevin, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1783 Brentridge St  
 City Vienna State VA Zip Code 22182-2577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Inova Health System Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23992514**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	887.50
<b>TOTAL</b> 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 111
<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. Edwards, Teresa, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 Kempsville Road  
 City Norfolk State VA Zip Code 23502-3920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sentara Leigh Hospital Occupation (for Individual) President and Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23992519**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**B. Clark, Dale, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Wellmont Lonesome Pine Hospital Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23992521**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Ehret, Mark, , Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17309 Black Rock RD  
 City Germantown State MD Zip Code 20874-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Inova Health System Occupation (for Individual) Assistant Vice President Design/Const.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23992522**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 14 OF 111
<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. Murphy, Terry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 640 South State Street

City Dover	State DE	Zip Code 19901-3597
---------------	-------------	------------------------

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

Name of Employer (for Individual) Bayhealth Medical Center	Occupation (for Individual) 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		10		2017

**Transaction ID : 23997728**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Nevin, Janice, E., Dr., MD, MPH**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 6001

City Newark	State DE	Zip Code 19714-6001
----------------	-------------	------------------------

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

Name of Employer (for Individual) Christiana Care Health System	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2017

**Transaction ID : 23998974**

Amount of Each Receipt this Period  
600.00

Memo Item

**C. Heuser, Keith, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 570 Chautauqua Boulevard

City Valley City	State ND	Zip Code 58072-3145
---------------------	-------------	------------------------

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

Name of Employer (for Individual) CHI Mercy Health	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : 23999314**

Amount of Each Receipt this Period  
330.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1430.00
<b>TOTAL</b> 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 111
<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. Drop, Jeffrey, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4816 Amber Valley Parkway

City Fargo	State ND	Zip Code 58104-8404
---------------	-------------	------------------------

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

Name of Employer (for Individual) Catholic Health Initiatives	Occupation (for Individual) SVP Division Executive
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2017

**Transaction ID : 23999315**

Amount of Each Receipt this Period  
330.00

Memo Item

**B. Summer, Steven, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Colorado Hospital Association	Occupation (for Individual) 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	/	17	/	2017

**Transaction ID : 23999342**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Mulready, Katherine, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Colorado Hospital Association	Occupation (for Individual) 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	/	17	/	2017

**Transaction ID : 23999344**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1080.00
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Gallagher, Patrick, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Illinois Health and Hospital Associati	Occupation (for Individual) VP, Health Delivery and Payment System
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : 23999405**

Amount of Each Receipt this Period  
1350.00

Memo Item

**B. Lemon, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 North Winfield Road

City Winfield	State IL	Zip Code 60190-1295
------------------	-------------	------------------------

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

Name of Employer (for Individual) Northwestern Medicine Central DuPage H	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : 23999406**

Amount of Each Receipt this Period  
900.00

Memo Item

**C. Newby, Nancy, M, Dr., RN, PhD, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 South Grand Avenue

City Nashville	State IL	Zip Code 62263-1534
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Washington County Hospital	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : 23999407**

Amount of Each Receipt this Period  
450.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Ravlin, Suzanne, M, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1956 Larod Drive

City Dixon	State IL	Zip Code 61021-9235
---------------	-------------	------------------------

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

Name of Employer (for Individual) Katherine Shaw Bethea Hospital	Occupation (for Individual) Vice President and Chief Legal Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : 23999408**

Amount of Each Receipt this Period  
225.00

Memo Item

**B. Wedemeyer, Gerald, T., Dr., M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) United Hospital Center	Occupation (for Individual) Lab Medical Director
---	---

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		18		2017

**Transaction ID : 23999414**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Tillman, Michael, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) United Hospital Center	Occupation (for Individual) 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		18		2017

**Transaction ID : 23999416**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	975.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 111
<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. Custer-Mitchell, Marilyn, J, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Golf Course Drive

City Wabash	State IN	Zip Code 46992-7797
----------------	-------------	------------------------

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

Name of Employer (for Individual) Parkview Wabash County Hospital	Occupation (for Individual) 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		14		2017

**Transaction ID : 23999424**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Gruber, Kreg, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51362 Amesbury Way

City Granger	State IN	Zip Code 46530-4829
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Beacon Health System	Occupation (for Individual) Chief Operating 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		14		2017

**Transaction ID : 23999426**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Packnett, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1331 N. SR 9

City Columbia City	State IN	Zip Code 46725-7724
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Parkview Health	Occupation (for Individual) 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		14		2017

**Transaction ID : 23999430**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 19 OF 111
<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. Ryan, Christina, M, Mrs., MA, BA, RN**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Women's Hospital, The	Occupation (for Individual) 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		14		2017

**Transaction ID : 23999431**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Ryba, Janice, L, Ms., JD, MHA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1437 Wellington Terrace

City Munster	State IN	Zip Code 46321-4367
-----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Mary Medical Center	Occupation (for Individual) 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		14		2017

**Transaction ID : 23999432**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Schuster, Emmett, C, Mr., MHSA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11842 Honeysuckle Lane

City Haubstadt	State IN	Zip Code 47639-8764
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Gibson General Hospital	Occupation (for Individual) 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		14		2017

**Transaction ID : 23999433**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Moll, Eric, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1668

City Shelton	State WA	Zip Code 98584-5001
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mason General Hospital	Occupation (for Individual) Chief Executive Officer
---	--

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		18		2017

**Transaction ID : 23999560**

Amount of Each Receipt this Period  
240.00

Memo Item

**B. Beitzel, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Olympic Medical Center	Occupation (for Individual) Board President
---	--

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		18		2017

**Transaction ID : 23999563**

Amount of Each Receipt this Period  
400.00

Memo Item

**C. Chang, Florence, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2116 87th Street NW

City Gig Harbor	State WA	Zip Code 98332-7551
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MultiCare Mary Bridge Children's Hospi	Occupation (for Individual) Senior Vice President, Clinical Suppor
---	---

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		18		2017

**Transaction ID : 23999565**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Evert, Tom, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17720 154th Court NE

City Woodinville	State WA	Zip Code 98072-9224
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Washington State Hospital Association	Occupation (for Individual) Chief Financial 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		18		2017

**Transaction ID : 23999566**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. Lewis, Eric, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Olympic Medical Center	Occupation (for Individual) 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		18		2017

**Transaction ID : 23999567**

Amount of Each Receipt this Period  
400.00

Memo Item

**C. Martz, Robert, Dean, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1312 East Overbluff Rd

City Spokane	State WA	Zip Code 99203-3455
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Providence Sacred Heart Medical Center	Occupation (for Individual) Chief Medical 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		18		2017

**Transaction ID : 23999568**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 111
	<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. Myers, Russ, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2811 Tieton Drive  
 City Yakima State WA Zip Code 98902-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Mason Memorial Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : 23999569**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Wallin, Ron, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 955 SW Fairhaven Drive  
 City Oak Harbor State WA Zip Code 98277-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WhidbeyHealth Occupation (for Individual) Board President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : 23999570**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Zender, Dale, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 Squalicum Parkway  
 City Bellingham State WA Zip Code 98225-1898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PeaceHealth St. Joseph Medical Center Occupation (for Individual) President Hospital Services NW  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : 23999571**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Burt, Wendy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President, Communications & Pub
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : 23999612**

Amount of Each Receipt this Period  
230.88

Memo Item

**B. Daniels, Tania, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Vice President, Patient Safety
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : 23999613**

Amount of Each Receipt this Period  
230.82

Memo Item

**C. Flicek, David, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address RR 1, Box 31A

City Sioux Falls	State SD	Zip Code 57106
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Avera McKennan Hospital and University	Occupation (for Individual) 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		17		2017

**Transaction ID : 23999616**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	711.70
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Koranne, Rahul, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Senior Vice President, CMO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : 23999618**

Amount of Each Receipt this Period  
230.76

Memo Item

**B. Korsmo, Jeffrey, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2026 Telemark Ct NW

City Rochester	State MN	Zip Code 55901-2432
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Via Christi Health	Occupation (for Individual) 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		17		2017

**Transaction ID : 23999619**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Loncorich, Kristin, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association	Occupation (for Individual) Director of State Government Relations
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : 23999651**

Amount of Each Receipt this Period  
230.83

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.59
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Massa, Lawrence, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 University Avenue West  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1430.00

Date of Receipt  
07 / 17 / 2017  
**Transaction ID : 23999652**

Amount of Each Receipt this Period  
660.00

Memo Item

**B. Peltier, Ben, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association Occupation (for Individual) General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.11

Date of Receipt  
07 / 17 / 2017  
**Transaction ID : 23999654**

Amount of Each Receipt this Period  
350.82

Memo Item

**C. Schindler, Joseph, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Minnesota Hospital Association Occupation (for Individual) Vice President Finance

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
07 / 17 / 2017  
**Transaction ID : 23999656**

Amount of Each Receipt this Period  
115.38

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1126.20

**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 111
	<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"/>	<input type="checkbox"/> 17

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

**A. Silva, Lali, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 559 Capitol Blvd 6-South  
 City Saint Paul State MN Zip Code 55103-2101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Minnesota Hospital Association Occupation (for Individual) Senior Director, Quality and Process I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 17 / 2017  
**Transaction ID : 23999657**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

**B. Sonneborn, Mark, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Minnesota Hospital Association Occupation (for Individual) Vice President of Information Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 17 / 2017  
**Transaction ID : 23999658**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

**C. Westby, Peggy, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Minnesota Hospital Association Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 17 / 2017  
**Transaction ID : 23999659**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.14
<b>TOTAL</b> 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 111
	<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"/>	<input type="checkbox"/> 17

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

**A. Arstenstein, Andrew, , Mr., MD, FACP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Brewster Street  
 City Pawtucket State RI Zip Code 02860-4474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Chief Physician Executive, Chief Acade  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23999773**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**B. Connors, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 Lewis Bay Road  
 City Hyannis State MA Zip Code 02601-5210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Falmouth Hospital Occupation (for Individual) Senior Vice President and Chief Financ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23999775**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. Davis, Jo-Ann, , Ms., JD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Shady Brook  
 City West Springfield State MA Zip Code 01089-1700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Senior Vice President and Chief Genera  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 23999776**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> 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 28 OF 111
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Macdonald, Alan, G., Mr.,**

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 (for Individual) Hallmark Health System	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2017

**Transaction ID : 23999778**

Amount of Each Receipt this Period  
562.50

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Scott, Thomas, W., Mr.,**

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 (for Individual) CentraState Healthcare System	Occupation (for Individual) 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		14		2017

**Transaction ID : 23999798**

Amount of Each Receipt this Period  
227.50

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Yhlen, David, , Mr.,**

Mailing Address 807 Pengan Place

City Ocean City	State NJ	Zip Code 08226
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Inspira Medical Center-Elmer	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : 23999800**

Amount of Each Receipt this Period  
325.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 111
	<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. Alliano, Kim, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Wallace Avenue  
 City Sewell State NJ Zip Code 08080-4291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kennedy Health Occupation (for Individual) Vice President, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 21 / 2017  
**Transaction ID : 23999801**  
 Amount of Each Receipt this Period 227.50  
 Memo Item

**B. Guerriero, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.90

Date of Receipt 07 / 21 / 2017  
**Transaction ID : 23999817**  
 Amount of Each Receipt this Period 6.50  
 Memo Item

**C. Hopkins, Sean, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Sr. VP., Health Economics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.29

Date of Receipt 07 / 21 / 2017  
**Transaction ID : 23999818**  
 Amount of Each Receipt this Period 6.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.50
<b>TOTAL</b> 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 111
<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. Iannaccone, Robert, C, Mr., ESQ**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Georgia Road

City Morristown	State NJ	Zip Code 07960-5609
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Michael's Medical Center	Occupation (for Individual) Chief Executive 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	/	21	/	2017

**Transaction ID : 23999819**

Amount of Each Receipt this Period  
650.00

Memo Item

**B. Lavins, David, P., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : 23999821**

Amount of Each Receipt this Period  
6.50

Memo Item

**C. Orlando, Anthony, T, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Waldwick Avenue

City Waldwick	State NJ	Zip Code 07463-1943
------------------	-------------	------------------------

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

Name of Employer (for Individual) Englewood Hospital and Medical Center	Occupation (for Individual) Senior Vice President Finance
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : 23999824**

Amount of Each Receipt this Period  
325.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	981.50
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Slotman, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) VP, GME and Teaching Hospital Issues
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
332.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : 23999827**

Amount of Each Receipt this Period  
6.50

Memo Item

**B. Davis, Patti, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 26307

City Oklahoma City	State OK	Zip Code 73126-0307
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) OU Medical Center	Occupation (for Individual) Sr VP Strategy & Business Developme
--	--

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		20		2017

**Transaction ID : 24012810**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dunham, Shelly, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 489

City Okeene	State OK	Zip Code 73763-0489
----------------	-------------	------------------------

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

Name of Employer (for Individual) Okeene Municipal Hospital	Occupation (for Individual) 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		20		2017

**Transaction ID : 24012812**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	756.50
<b>TOTAL</b> 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 32 OF 111
	<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. Hupfeld, Stanley, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 Northwest Expressway, Suite 1  
 City Oklahoma City State OK Zip Code 73112-5470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTEGRIS Health Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : 24012846**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Jones, Craig, W, Mr., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Lincoln Boulevard  
 City Oklahoma City State OK Zip Code 73105-5207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oklahoma Hospital Association Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : 24012850**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**C. Keith, David, N, Mr., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 1228  
 City McAlester State OK Zip Code 74502-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McAlester Regional Health Center Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : 24012852**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> 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 111
	<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. Leopard, Jimmy, , Mr., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 407

City Wagoner	State OK	Zip Code 74477-0407
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Wagoner Community Hospital	Occupation (for Individual) 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 / 20 / 2017

**Transaction ID : 24012853**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Lively, Corey, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 2339

City Elk City	State OK	Zip Code 73648-2339
------------------	-------------	------------------------

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

Name of Employer (for Individual) Great Plains Regional Medical Center	Occupation (for Individual) 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 / 20 / 2017

**Transaction ID : 24012854**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Pauchnik, Elizabeth, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3366 NW Expressway, Suite 800

City Oklahoma City	State OK	Zip Code 73112-4458
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) INTEGRIS Health	Occupation (for Individual) General Counsel/Chief Admin
--	--

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 / 20 / 2017

**Transaction ID : 24012856**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 111
<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. Raizen, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 54798

City Oklahoma City	State OK	Zip Code 73154-1798
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Integrus Baptist Medical Center	Occupation (for Individual) Board Member
--	---

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		20		2017

**Transaction ID : 24012857**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. Smith, Brent, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3401 W. Gore

City Lawton	State OK	Zip Code 73505-6332
----------------	-------------	------------------------

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

Name of Employer (for Individual) Comanche County Memorial Hospital	Occupation (for Individual) 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		20		2017

**Transaction ID : 24012863**

Amount of Each Receipt this Period  
250.00

Memo Item

**c. Splitt, Richie, , Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1308

City Norman	State OK	Zip Code 73070-1308
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norman Regional Health System	Occupation (for Individual) 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		20		2017

**Transaction ID : 24012864**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 111
	<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. Weaver, Douglas, K, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 278

City Pryor	State OK	Zip Code 74362-0278
---------------	-------------	------------------------

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

Name of Employer (for Individual) Hillcrest Hospital Pryor	Occupation (for Individual) 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		20		2017

**Transaction ID : 24012873**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Whitaker, David, D, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1308

City Norman	State OK	Zip Code 73070-1308
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norman Regional Health System	Occupation (for Individual) 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		20		2017

**Transaction ID : 24012874**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Blum, Marc, P., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2907 W. Strathmore Avenue

City Baltimore	State MD	Zip Code 21209-3810
-------------------	-------------	------------------------

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

Name of Employer (for Individual) LifeBridge Health	Occupation (for Individual) Board Member
--	---

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		31		2017

**Transaction ID : 24014582**

Amount of Each Receipt this Period  
340.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1090.00
<b>TOTAL</b> 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 111
	<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. Reiter, Walter, Jim, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 580 Wayward Court

City Annapolis	State MD	Zip Code 21401-6746
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Maryland Hospital Association	Occupation (for Individual) Senior Vice President Communications
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : 24014600**

Amount of Each Receipt this Period  
255.00

Memo Item

**B. Robbins, Michael, B, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4516 Doncaster Drive

City Ellicott City	State MD	Zip Code 21043-6767
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Maryland Hospital Association	Occupation (for Individual) 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		31		2017

**Transaction ID : 24014603**

Amount of Each Receipt this Period  
510.00

Memo Item

**C. McCone, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 263 Capote Ct E

City Severna Park	State MD	Zip Code 21146-2130
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Maryland Hospital Association	Occupation (for Individual) 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		31		2017

**Transaction ID : 24015207**

Amount of Each Receipt this Period  
510.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> 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 37 OF 111
<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. Sackett, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2417 Westminster Drive  
 City Olney State MD Zip Code 20832-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Adventist Healthcare Shady Grove Medic Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2017  
**Transaction ID : 24015211**  
 Amount of Each Receipt this Period  
 255.00  
 Memo Item

**B. Cochran, Daniel, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 Ziegler Road  
 City Leesport State PA Zip Code 19533-9587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Adventist Healthcare Shady Grove Medic Occupation (for Individual) Vice President and Chief Financial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2017  
**Transaction ID : 24015427**  
 Amount of Each Receipt this Period  
 255.00  
 Memo Item

**C. Kuhn, Herb, B, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5310 Saddlebrook Lane  
 City Lohman State MO Zip Code 65053-9353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Missouri Hospital Association Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2017  
**Transaction ID : 24016226**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	635.00
<b>TOTAL</b> 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 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Landon, Daniel, R., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Missouri Hospital Association Occupation (for Individual) Sr. Vice President, Governmental Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : 24016228**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Austin, Chad, R., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Kansas Hospital Association Occupation (for Individual) Sr. Vice President, Government Relatic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 25 / 2017  
**Transaction ID : 24017631**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

**C. Ermann, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Box 1340  
 City Liberal State KS Zip Code 67905-1340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Center Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : 24017637**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.38
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Nicholas, Genette, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Children's Mercy Hospital Kansas City Occupation (for Individual) Vice President Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : 24017646**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Dee, Thomas, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Hospital Drive  
 City Bennington State VT Zip Code 05201-5004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwestern Vermont Medical Center Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : 24018804**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Conroy, Carol, , Ms., DNP,RN,CNO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 564 Chittenden Dr  
 City Arlington State VT Zip Code 05250-6605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwestern Vermont Medical Center Occupation (for Individual) Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : 24018808**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<b>TOTAL</b> 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 40 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Blasl, Tim, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1622 E. Interstate Avenue  
Suite B

City Bismarck	State ND	Zip Code 58503-0561
------------------	-------------	------------------------

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

Name of Employer (for Individual) North Dakota Hospital Association	Occupation (for Individual) 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		24		2017

**Transaction ID : 24019141**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Roark, Theresa, J., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Missouri Hospital Association	Occupation (for Individual) Senior Vice President, Data & Informat
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
328.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

**Transaction ID : 24019573**

Amount of Each Receipt this Period  
46.84

Memo Item

**C. Van Zandt, Tim, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4637 Charlotte Street

City Kansas City	State MO	Zip Code 64110-1521
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Luke's South Hospital	Occupation (for Individual) Vice President Public Affairs
--	--

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		21		2017

**Transaction ID : 24033406**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1396.84
<b>TOTAL</b> 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 41 OF 111
<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. Quirin, Julie, L, Ms., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 Wornall Road

City Kansas City	State MO	Zip Code 64111-3220
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Luke's Health System	Occupation (for Individual) Senior Vice President, Hospital Operat
---	---

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	/	21	/	2017

**Transaction ID : 24033407**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Robb, Charles, V, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5461 Northeast Northgate Crossing

City Lee's Summit	State MO	Zip Code 64064-1231
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Luke's Health System	Occupation (for Individual) Senior Vice President Finance and Adm
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : 24033408**

Amount of Each Receipt this Period  
475.00

Memo Item

**C. Estes, Melinda, , Dr., MD, MBA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Saint Luke's Health System	Occupation (for Individual) 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	/	21	/	2017

**Transaction ID : 24033409**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2475.00
<b>TOTAL</b> 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 111
	<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. Misko, Michael, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 SW 58 Highway  
 City Centerview State MO Zip Code 64019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SSM Health St. Mary's Hospital - Jeffe Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : 24033411**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**B. Dion, Jeffrey, P., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 168 Summer Street  
 City North Andover State MA Zip Code 01845-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Newton-Wellesley Hospital Occupation (for Individual) Vice President Finance and Chief Finar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 28 / 2017  
**Transaction ID : 24033422**  
 Amount of Each Receipt this Period 262.50  
 Memo Item

**C. Campos, Christina, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Camino de Vida  
 City Santa Rosa State NM Zip Code 88435-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guadalupe County Hospital Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : 24033491**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.50
<b>TOTAL</b> 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 43 OF 111
<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. Holderman, Clay, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Presbyterian Hospital	Occupation (for Individual) Chief Operating Officer-Central Delive
--	---

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	/	27	/	2017

**Transaction ID : 24033492**

Amount of Each Receipt this Period  
375.00

Memo Item

**B. Ahnen, Stephen, M., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Airport Road

City Concord	State NH	Zip Code 03301-7300
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
637.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2017

**Transaction ID : 24033495**

Amount of Each Receipt this Period  
91.00

Memo Item

**C. Bizarro-Thunberg, Kathleen, A, Ms., MBA, FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 544 Upper Straw Rd

City Hopkinton	State NH	Zip Code 03229-2023
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) Executive Vice President Federal Relat
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
318.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2017

**Transaction ID : 24033496**

Amount of Each Receipt this Period  
45.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	511.50
<b>TOTAL</b> 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 111
<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. Minnehan, Paula, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 283 Gallopiny Hill Road

City Hopkinton	State NH	Zip Code 03229-3402
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New Hampshire Hospital Association	Occupation (for Individual) V.P., Finance and Rural Hospitals
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
233.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : 24033497**

Amount of Each Receipt this Period  
33.40

Memo Item

**B. Beard, Bradley, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 France Avenue South

City Edina	State MN	Zip Code 55435-2104
---------------	-------------	------------------------

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

Name of Employer (for Individual) Fairview Southdale Hospital	Occupation (for Individual) Regional President
--	---

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		31		2017

**Transaction ID : 24033502**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Fischer-Clemens, Deb, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Avera Health	Occupation (for Individual) 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		31		2017

**Transaction ID : 24033504**

Amount of Each Receipt this Period  
175.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1208.40
<b>TOTAL</b> 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 111
	<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. Hochman, Rodney, F, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Lind Avenue SW, 9016  
 City Renton State WA Zip Code 98057-3368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence St. Joseph Health Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : 24033534**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Florentine, Erich, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Randolph Blvd  
 City Marmora State NJ Zip Code 08223-1526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Inspira Medical Center-Vineland Occupation (for Individual) Chief People Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 07 / 07 / 2017  
**Transaction ID : 24034088**  
 Amount of Each Receipt this Period 227.50  
 Memo Item

**C. Guerriero, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) New Jersey Hospital Association Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 244.40

Date of Receipt 07 / 07 / 2017  
**Transaction ID : 24034089**  
 Amount of Each Receipt this Period 6.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	634.00
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Hopkins, Sean, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) Sr. VP., Health Economics
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2017

**Transaction ID : 24034090**

Amount of Each Receipt this Period  
6.50

Memo Item

**B. Lavins, David, P., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) Chief Financial Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
318.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2017

**Transaction ID : 24034092**

Amount of Each Receipt this Period  
6.50

Memo Item

**C. Nolan, Patrick, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 Hopkins Road

City Mickleton	State NJ	Zip Code 08056-1270
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Inspira Health Network	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2017

**Transaction ID : 24034095**

Amount of Each Receipt this Period  
325.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	338.00
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Slotman, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) New Jersey Hospital Association	Occupation (for Individual) VP, GME and Teaching Hospital Issues
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

**Transaction ID : 24034098**

Amount of Each Receipt this Period  
6.50

Memo Item

**B. Gray, Vicky, G., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 653 Piney Point Rd.

City Virginia Beach	State VA	Zip Code 23452-2615
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentara Healthcare	Occupation (for Individual) Senior Vice President, Systems Develo
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : 24034142**

Amount of Each Receipt this Period  
600.00

Memo Item

**C. Flint, Loring, S, Dr., Jr. MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1842 Fonhill Court

City McLean	State VA	Zip Code 22102-4792
----------------	-------------	------------------------

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

Name of Employer (for Individual) Inova Health System	Occupation (for Individual) Executive Vice President and Chief Med
--	---

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	/	2017

**Transaction ID : 24034143**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	906.50
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Carroll, Susan, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4320 Seminary Road

City Alexandria	State VA	Zip Code 22304-1535
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Inova Alexandria Hospital	Occupation (for Individual) Regional Executive Officer-Eastern Reg
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : 24034146**

Amount of Each Receipt this Period  
450.00

Memo Item

**B. Ardabell, Toni, R, Ms., RN**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5801 Bremono Road

City Richmond	State VA	Zip Code 23226-1907
------------------	-------------	------------------------

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

Name of Employer (for Individual) Bon Secours St. Mary's Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : 24034150**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C. McDermott, Michael, P., Dr., MBA, MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Sam Perry Boulevard

City Fredericksburg	State VA	Zip Code 22401-4453
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Mary Washington Healthcare	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : 24034154**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3450.00
<b>TOTAL</b> 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 111
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Mannix, Mary, N, Ms., FACHE**

Mailing Address P O Box 1000

City Fishersville	State VA	Zip Code 22939-1000
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Augusta Health	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : 24034155**

Amount of Each Receipt this Period  
450.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Huffman, James, , Mr.,**

Mailing Address 7601 Southcrest Parkway

City Southaven	State MS	Zip Code 38671-4739
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Memorial Hospital-Desoto	Occupation (for Individual) 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		10		2017

**Transaction ID : 24034176**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. King, Randy, , Mr.,**

Mailing Address 7601 Southcrest Parkway

City Southaven	State MS	Zip Code 38671-4739
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Memorial Health Care Corporati	Occupation (for Individual) Vice President Market Leader
---	---

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		10		2017

**Transaction ID : 24034177**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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 111
<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. Weaver, Daryl, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 909

City Carthage	State MS	Zip Code 39051-0909
------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Medical Center Leake	Occupation (for Individual) 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		10		2017

**Transaction ID : 24034178**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. McCall, Gary, Lee, Mr., Jr**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 648

City Philadelphia	State MS	Zip Code 39350-0648
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Neshoba County General Hospital	Occupation (for Individual) 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		10		2017

**Transaction ID : 24034179**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Black, Paul, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 967

City Louisville	State MS	Zip Code 39339-0967
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Winston Medical Center	Occupation (for Individual) 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		10		2017

**Transaction ID : 24034180**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 111
	<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. Neely, Randall, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1842 Simpson Highway 149

City Mendenhall	State MS	Zip Code 39114-3438
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Simpson General Hospital	Occupation (for Individual) 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		10		2017

**Transaction ID : 24034183**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Becker, Mary, C., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7800 South Eagle Road

City Columbia	State MO	Zip Code 65203-9017
------------------	-------------	------------------------

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

Name of Employer (for Individual) Missouri Hospital Association	Occupation (for Individual) Senior VP, Commc. & Health Improver
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
328.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

**Transaction ID : 24034243**

Amount of Each Receipt this Period  
46.88

Memo Item

**C. Porth, Leslie, L., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Missouri Hospital Association	Occupation (for Individual) Vice President of Health Improvement
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
328.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

**Transaction ID : 24034245**

Amount of Each Receipt this Period  
46.88

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	343.76
<b>TOTAL</b> 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 111
	<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. Dubois, Brady, D., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4809 North Lakewood Drive  
 City Saint Joseph State MO Zip Code 64506-4528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mosaic Life Care at St. Joseph Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : 24034252**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Patel, Rajiv, N., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1688 Frontenac Woods Lane  
 City Frontenac State MO Zip Code 63131-3414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SSM Health DePaul Hospital - St. Louis Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : 24034253**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Letnaunchyn, Evelyn, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Ariel Heights  
 City Charleston State WV Zip Code 25311-1143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : 24034283**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 53 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Letnaunchyn, Joseph, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Ariel Heights

City Charleston	State WV	Zip Code 25311-1143
--------------------	-------------	------------------------

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

Name of Employer (for Individual) West Virginia Hospital Association	Occupation (for Individual) 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		28		2017

**Transaction ID : 24034284**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Stalnaker, Avah, , Ms., MHA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 331 Sauls Run Road

City Weston	State WV	Zip Code 26452-7578
----------------	-------------	------------------------

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

Name of Employer (for Individual) Stonewall Jackson Memorial Hospital	Occupation (for Individual) 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		28		2017

**Transaction ID : 24034286**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Miller, Richard, L., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address #4 Stony Point Road

City Charleston	State WV	Zip Code 25314-1670
--------------------	-------------	------------------------

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

Name of Employer (for Individual) West Virginia Hospital Association	Occupation (for Individual) 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		28		2017

**Transaction ID : 24034287**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 54 OF 111
<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. Oskin, Jeffrey, L., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Charleston Area Medical Center	Occupation (for Individual) VP/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 / 28 / 2017

**Transaction ID : 24034288**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Williams, Michael, D., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Charleston Area Medical Center	Occupation (for Individual) VP/Administrator - General Division
---	--

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 / 28 / 2017

**Transaction ID : 24034289**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Stewart, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Juniper Drive

City Bridgeport	State WV	Zip Code 26330-9335
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United Hospital Center	Occupation (for Individual) Medical Director
---	---

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 / 28 / 2017

**Transaction ID : 24034290**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Ramsey, David, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Wildacre Drive

City Charleston	State WV	Zip Code 25314-1442
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Charleston Area Medical Center	Occupation (for Individual) 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		28		2017

**Transaction ID : 24034292**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Laufer, Daniel, , Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1039 Pendleton Place

City Hurricane	State WV	Zip Code 25526-9484
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Thomas Health System, Inc.	Occupation (for Individual) 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		28		2017

**Transaction ID : 24034293**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Sandene, Jeff, D., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Loudon Heights Road

City Charleston	State WV	Zip Code 25314-1404
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Charleston Area Medical Center	Occupation (for Individual) Executive VP & CFO
---	---

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		28		2017

**Transaction ID : 24034294**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 56 OF 111
<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. Finn, Patti, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 725 South Shoop Avenue

City Wauseon	State OH	Zip Code 43567-1702
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Fulton County Health Center	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034325**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. White, Bruce, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Coshocton Road

City Mount Vernon	State OH	Zip Code 43050-5417
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Knox Community Hospital	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034329**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Chorey, Raymond, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 610

City Cambridge	State OH	Zip Code 43725-0610
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Southeastern Ohio Regional Medical Cen	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034330**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 111
	<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. Burns, Terry, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1141 North Monroe Drive #3

City Xenia	State OH	Zip Code 45385-1619
---------------	-------------	------------------------

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

Name of Employer (for Individual) Greene Memorial Hospital	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034331**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Mewhirter, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 494 Sycamore Woods Dr

City Miamisburg	State OH	Zip Code 45342-5745
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Fort Hamilton Hospital	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034332**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Lewis, George, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3965 Southern Blvd

City Kettering	State OH	Zip Code 45429-1229
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Kettering Health Network	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034333**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 58 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Lewis, Rebecca, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3065 King James Dr

City Beavercreek	State OH	Zip Code 45432-2473
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Kettering Health Network	Occupation (for Individual) Senior VP Administration
---	---

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		24		2017

**Transaction ID : 24034334**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dodds, Rick, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2690 North Point Court

City Spring Valley	State OH	Zip Code 45370-9782
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Greene Memorial Hospital	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034335**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Sackett, Walter, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4000 Miamisburg-Centerville Road

City Miamisburg	State OH	Zip Code 45342-7615
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Sycamore Medical Center	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034336**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 111
	<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. Manchur, Richard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Beckworth Way  
 City Springboro State OH Zip Code 45066-9479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grandview Medical Center Occupation (for Individual) 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 / 24 / 2017  
**Transaction ID : 24034337**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Villegas, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9960 Stonemead Way  
 City Dayton State OH Zip Code 45458-9253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Hamilton Hospital Occupation (for Individual) 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 / 24 / 2017  
**Transaction ID : 24034338**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Ko, Timothy, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 265 Reed Rd Apt. L  
 City Dayton State OH Zip Code 45440-4526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kettering Health Network Occupation (for Individual) Vice President, Finance  
 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 / 24 / 2017  
**Transaction ID : 24034339**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 111
	<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	<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. Chanaga, Luis, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Clover Ln  
Apt. H

City Beavercreek	State OH	Zip Code 45440-4519
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Grandview Medical Center	Occupation (for Individual) VP, Finance/Operations &CFO
---	--

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		24		2017

**Transaction ID : 24034340**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Chavez, Steven, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4761 Mad River RD

City Kettering	State OH	Zip Code 45429-2120
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Greene Memorial Hospital	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034341**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Anderson, Todd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3965 Southern Boulevard

City Dayton	State OH	Zip Code 45429-1229
----------------	-------------	------------------------

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

Name of Employer (for Individual) Grandview Medical Center	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034342**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 61 OF 111
	<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. Mann, Edward, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 Christman Drive

City Springboro	State OH	Zip Code 45066-9065
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Kettering Health Network	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034343**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Manchur, Fred, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3965 Southern Boulevard

City Dayton	State OH	Zip Code 45429-1229
----------------	-------------	------------------------

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

Name of Employer (for Individual) Kettering Health Network	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034344**

Amount of Each Receipt this Period  
1250.00

Memo Item

**C. Chew, Roy, G, Dr., PhD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Southern Boulevard

City Kettering	State OH	Zip Code 45429-1221
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Kettering Medical Center	Occupation (for Individual) President
---	--

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		24		2017

**Transaction ID : 24034345**

Amount of Each Receipt this Period  
1250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 111
	<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. Townsend, Theodore, E, Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 3026

City Cedar Rapids	State IA	Zip Code 52406-3026
----------------------	-------------	------------------------

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

Name of Employer (for Individual) UnityPoint Health - St. Luke's Hospita	Occupation (for Individual) 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		26		2017

**Transaction ID : 24034374**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Helget, Peggy, , Ms., RN, MSN, N**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 2C

City Council Bluffs	State IA	Zip Code 51502-3002
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Jennie Edmundson Hospital	Occupation (for Individual) VP/CNO
--	---------------------------------------

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		26		2017

**Transaction ID : 24034377**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Boattenhamer, Greg, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1405 NW Church Street

City Leon	State IA	Zip Code 50144-1205
--------------	-------------	------------------------

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

Name of Employer (for Individual) Decatur County Hospital	Occupation (for Individual) 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		26		2017

**Transaction ID : 24034379**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 111
	<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. Conner, Laurie, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 60th Street  
 City West Des Moines State IA Zip Code 50266-7736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Skiff Medical Center Occupation (for Individual) Interim Chief Administrative 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 / 26 / 2017  
**Transaction ID : 24034380**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Meyer, Perry, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 514.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2017  
**Transaction ID : 24034381**  
 Amount of Each Receipt this Period 114.29  
 Memo Item

**C. Anthony, Rebecca, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Vice President, Education  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2017  
**Transaction ID : 24034382**  
 Amount of Each Receipt this Period 72.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	436.79
<b>TOTAL</b> 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 111
<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. Keehnle, Maureen, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Vice President and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : 24034383**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Royer, Dan, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Vice President, Finance Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.53

Date of Receipt 07 / 26 / 2017  
**Transaction ID : 24034385**  
 Amount of Each Receipt this Period 35.72  
 Memo Item

**C. Eckley, Erika, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Director, Government Relations Staff L  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : 24034386**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.72
<b>TOTAL</b> 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 65 OF 111
<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. Duane, Paul, K, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 2266

City Columbia	State SC	Zip Code 29202-2266
------------------	-------------	------------------------

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

Name of Employer (for Individual) Palmetto Health Baptist	Occupation (for Individual) 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	/	24	/	2017

**Transaction ID : 24034417**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Edwards, Michelle, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 Taylor Street, Suite 9-A

City Columbia	State SC	Zip Code 29201-2963
------------------	-------------	------------------------

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

Name of Employer (for Individual) Palmetto Health Baptist	Occupation (for Individual) Executive Vice President Information T
--	---

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	/	24	/	2017

**Transaction ID : 24034418**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Miller, Todd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 517 Autumn Circle

City Columbia	State SC	Zip Code 29206-4983
------------------	-------------	------------------------

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

Name of Employer (for Individual) Palmetto Health	Occupation (for Individual) System Vice President Marketing & Con
--	--

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	/	24	/	2017

**Transaction ID : 24034421**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 66 OF 111
<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. Resetar, Gayle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Drawer 421718

City Georgetown	State SC	Zip Code 29442-4203
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Tidelands Georgetown Memorial Hospital	Occupation (for Individual) 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		24		2017

**Transaction ID : 24034425**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Martens, Troy, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 802 Kenyon Road

City Fort Dodge	State IA	Zip Code 50501-5740
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UnityPoint Health - Trinity Regional M	Occupation (for Individual) 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		10		2017

**Transaction ID : 24034452**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Botine, Gary, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3201 Foxley Drive

City Ames	State IA	Zip Code 50010-1109
--------------	-------------	------------------------

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

Name of Employer (for Individual) Mary Greeley Medical Center	Occupation (for Individual) Vice President, Chief Financial Office
--	---

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		10		2017

**Transaction ID : 24034453**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 67 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Dusenbery, Jack, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3421 West Ninth Street

City Waterloo	State IA	Zip Code 50702-5499
------------------	-------------	------------------------

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

Name of Employer (for Individual) Covenant Medical Center	Occupation (for Individual) 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		10		2017

**Transaction ID : 24034455**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Porter, John, T, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3900 West Avera Drive, Suite 300

City Sioux Falls	State SD	Zip Code 57108-5721
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Avera Health	Occupation (for Individual) President and Chief Executive Officer
---	--

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		10		2017

**Transaction ID : 24034457**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. Slunecka, Fredrick, K, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7200 S Burleigh Cir

City Sioux Falls	State SD	Zip Code 57108-5721
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Avera Health	Occupation (for Individual) Chief Operating Officer
---	--

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		10		2017

**Transaction ID : 24034459**

Amount of Each Receipt this Period  
175.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 68 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Harrington, Jason, , Mr., FACHE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box AB

City Spirit Lake	State IA	Zip Code 51360-0159
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Lakes Regional Healthcare	Occupation (for Individual) President and 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		10		2017

**Transaction ID : 24034461**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Romano, Michael, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 2C

City Council Bluffs	State IA	Zip Code 51502-3002
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Jennie Edmundson Hospital	Occupation (for Individual) Vice President Medical Affairs
--	---

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		10		2017

**Transaction ID : 24034467**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Bomgaars, Scott, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 2C

City Council Bluffs	State IA	Zip Code 51502-3002
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Jennie Edmundson Hospital	Occupation (for Individual) Vice President Medical Affairs
--	---

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		10		2017

**Transaction ID : 24034468**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 111
	<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. Francis, Jeffrey, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19258 Walnut St

City Omaha	State NE	Zip Code 68130-3766
---------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Jennie Edmundson Hospital	Occupation (for Individual) Vice President Finance and Chief Finan
--	---

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		10		2017

**Transaction ID : 24034469**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Meyer, Perry, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Iowa Hospital Association	Occupation (for Individual) Senior Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2017

**Transaction ID : 24034471**

Amount of Each Receipt this Period  
114.29

Memo Item

**C. Anthony, Rebecca, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Iowa Hospital Association	Occupation (for Individual) Vice President, Education
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
362.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2017

**Transaction ID : 24034472**

Amount of Each Receipt this Period  
145.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	509.29
<b>TOTAL</b> 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 111
	<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	<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. Keehnle, Maureen, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Vice President and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 24034473**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Royer, Dan, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Vice President, Finance Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.81

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 24034474**  
 Amount of Each Receipt this Period 71.43  
 Memo Item

**C. Eckley, Erika, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Iowa Hospital Association Occupation (for Individual) Director, Government Relations Staff L  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : 24034475**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	321.43
<b>TOTAL</b> 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 71 OF 111
	<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. Clark, Thomas, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 North Foster  
 City Mitchell State SD Zip Code 57301-2966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avera Queen of Peace Hospital Occupation (for Individual) Regional President and Chief Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : 24034543**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kunkel, JoAnn, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 N. La Salle Ave.  
 City Sioux Falls State SD Zip Code 57110-1222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : 24034606**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hilmoe, Eric, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3909 S Spencer Blvd.  
 City Sioux Falls State SD Zip Code 57103-4702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Canton-Inwood Medical Center Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : 24034613**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	925.00
<b>TOTAL</b> 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 111
	<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. Hilmo, Eric, C, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3909 S Spencer Blvd.

City Sioux Falls	State SD	Zip Code 57103-4702
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sanford Canton-Inwood Medical Center	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : 24034615**

Amount of Each Receipt this Period  
95.00

Memo Item

**B. Porter, John, T, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3900 West Avera Drive, Suite 300

City Sioux Falls	State SD	Zip Code 57108-5721
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Avera Health	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : 24034624**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. Phillips, Brent, R., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 6000

City Rapid City	State SD	Zip Code 57709-6000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Regional Health	Occupation (for Individual) 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		31		2017

**Transaction ID : 24034684**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	770.00
<b>TOTAL</b> 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 73 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Flicek, David, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address RR 1, Box 31A

City Sioux Falls	State SD	Zip Code 57106
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Avera McKennan Hospital and University	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : 24034685**

Amount of Each Receipt this Period  
95.00

Memo Item

**B. Sutton, Bob, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2026 Lancaster Lane

City Pierre	State SD	Zip Code 57501-4901
----------------	-------------	------------------------

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

Name of Employer (for Individual) Avera Health	Occupation (for Individual) Vice President Community 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		31		2017

**Transaction ID : 24034696**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Hatton, Melinda, Reid, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Senior Vice President & General Counse
---	---

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		2017

**Transaction ID : PR1045726243002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	421.94
<b>TOTAL</b> 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 111
	<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. Macchiarola, Sarah, B., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1082532743002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Jellen, Barbara, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Section Director, Constituency Section  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1113464243002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Allen, Lisa, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Sr. Vice President, Chief Human Resou  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1118928243002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.82
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Kirby, Dale, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1125892343002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Coulombe, Charisse, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Director, Grant Projects  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1221011443002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Fenwick, Matthew, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Strategy & Relationshi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1234662943002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.82
<b>TOTAL</b> 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 76 OF 111
	<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"/>	<input type="checkbox"/> 17

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

**A. Meadows, Mary, , Dr., DNP,MBA,RN**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) AONE	Occupation (for Individual) Director of Professional Practice, AON
---	---

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		2017

**Transaction ID : PR1260472943002**

Amount of Each Receipt this Period  
26.94

Memo Item

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

**B. Gergely, Susan, , Ms., MBA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) AONE	Occupation (for Individual) Chief Operating Officer
---	--

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		2017

**Transaction ID : PR1347791043002**

Amount of Each Receipt this Period  
26.94

Memo Item

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

**C. Drevna, Heather, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Vice President, Advocacy and Member (
---	--

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		2017

**Transaction ID : PR1348169743002**

Amount of Each Receipt this Period  
26.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.82
<b>TOTAL</b> 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 111
<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

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. Allen, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Executive Director, Business Se  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1474886243002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Wade, Fannie, Delores, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Executive Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1476385743002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Day, Monica, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Political Affairs Coordinator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1516850643002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.82
<b>TOTAL</b> 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 111
	<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	<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. Arespachoga, Elisa, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Director, Constituency Secti  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1555656243002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Poole, Kathy, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Governance Projects  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1589439943002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Baker, Kimberly, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) VP, Meetings, Travel & Admin Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1590809143002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.82
<b>TOTAL</b> 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 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Hrickiewicz, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Editor Health Facilities Management
--	--

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		2017

**Transaction ID : PR1625366843002**

Amount of Each Receipt this Period  
26.94

Memo Item

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

**B. Kehoe, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Stategy & Business Developpr
--	---

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		2017

**Transaction ID : PR1625368343002**

Amount of Each Receipt this Period  
26.94

Memo Item

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

**C. Ryzner, Joan M., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association	Occupation (for Individual) Director, Member Relations
--	---

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		2017

**Transaction ID : PR1625587843002**

Amount of Each Receipt this Period  
26.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.82
<b>TOTAL</b> 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 111
<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

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. Showalter, Monique, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Marketing AHA Solutions, Inc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1625602243002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Rasmussen, Erik, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President Legislative Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1819487943002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Kuhlman, Aimee, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director Fed. Relatio  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1877582343002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.82
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Dexter, Shari, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association	Occupation (for Individual) Director, Political Action
--	---

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 / 2017  
**Transaction ID : PR1878189843002**

Amount of Each Receipt this Period  
 38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**B. Hancock, Beverly, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Educational Programs
--	---

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 / 2017  
**Transaction ID : PR1913189343002**

Amount of Each Receipt this Period  
 26.94

Memo Item

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

**C. Jack, Christina, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Director, Member Relations
--	---

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 / 2017  
**Transaction ID : PR1913189943002**

Amount of Each Receipt this Period  
 26.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.36
<b>TOTAL</b> 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 111
	<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. Kim, Joanna, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1913190543002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Knolle, Evelyn, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Policy -TR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1913190743002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. Myrick, Juanita, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director, Employee Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1913192543002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.90
<b>TOTAL</b> 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 83 OF 111
	<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. Worzala, Chantal, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director, Policy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1913196443002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Henderson, Janet, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1937843143002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Jones, Diane, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Policy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 288.60

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR1943461543002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.36
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Chappell, Stacey, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) AONE Occupation (for Individual) Associate Director, Advocacy, Media R

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1963876243002**

Amount of Each Receipt this Period 26.94

Memo Item

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

**B. Pawlowski, Ursula, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Governance and Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1973934543002**

Amount of Each Receipt this Period 38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**C. Ross, Priscilla, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director, Federal Rel

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR2053848443002**

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 85 OF 111
	<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. Cleary-Fishman, Marie, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) VP Clinical Quality  
 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 / 2017  
**Transaction ID : PR2053848943002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Doyle, Julie, C, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 N Wacker Drive  
 7107  
 City Chicago State IL Zip Code 60606-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Marketing, Health Foru  
 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 / 2017  
**Transaction ID : PR2053849043002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. Weger, Kristina, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director  
 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 / 2017  
**Transaction ID : PR2058887043002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Robey, Travis, E, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Sr Assoc Dir Fed Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR2060308243002**

Amount of Each Receipt this Period 38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**B. Barbour, Damareus, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) AONE Occupation (for Individual) Workforce Center Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR2060632943002**

Amount of Each Receipt this Period 26.94

Memo Item

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

**C. Dunn, Lindsey, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N Kingsbury St  
#501

City Chicago State IL Zip Code 60610-6880

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

Name of Employer (for Individual) American Hospital Association Occupation (for Individual) Director, Marketing Solutions

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR2062510743002**

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 87 OF 111
	<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	<input type="checkbox"/> 17

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

**A. Vasquez, Crystal, , , DNP, MS, M**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4506 W. Larchmont  
 City Chicago State IL Zip Code 60641-1219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Forum Occupation (for Individual) Director, Market Consulting & Developpr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR2216978843002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Bhatt, Jay, , Dr., DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Senior Vice President & CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.92

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR2228450443002**  
 Amount of Each Receipt this Period 111.12  
 Memo Item  
 P/R Deduction (\$55.56 Bi-Weekly)

**C. McCue, Michael, P., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Associate Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR327771643002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> 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 111
<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. Sonik, Suzanne, R., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Long-Term Care  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR32777243002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Stock, Debra, J., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Vice President, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR32777843002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Lewis, Joan, H., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR327831743002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.90
<b>TOTAL</b> 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 89 OF 111
<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. Kraus, Merry Beth, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1445 N. Clinton Place  
 City River Forest State IL Zip Code 60305-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hospital Association-Chicago Occupation (for Individual) Director, Constituency Section  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR327857443002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Seklecki, Mark, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR327858043002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Barry, Jack, F., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR327877843002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 111
	<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. Collins Offner, Eileen, M., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Director Policy Development  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 202.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR327906143002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Bonner, Thomas, J., Mr., FACHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR327983743002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Purcell, Ron, O., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : PR328241443002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.82
<b>TOTAL</b> 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 111
	<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	<input type="checkbox"/> 17

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

**A. Pollack, Richard, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) 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		2017

**Transaction ID : PR328260943002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Forcina, Carolyn, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Clover Hill Court

City Yardley	State PA	Zip Code 19067-5736
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) 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		2017

**Transaction ID : PR328511843002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. Mitchell, Alicia, N., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 N. Harrison Street

City Arlington	State VA	Zip Code 22205-2726
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) 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		2017

**Transaction ID : PR328512043002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.82
<b>TOTAL</b> 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 111
<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. Chickey, Rebecca, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) SPSA Director
--	--

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		2017

**Transaction ID : PR329013443002**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**B. Bash, Robyn, L., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Washingt	Occupation (for Individual) Executive Director, Federal Relations
---	--

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		2017

**Transaction ID : PR329084443002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. Deweese, W. Thomas, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5201 Virginia Way

City Brentwood	State TN	Zip Code 37027-7525
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) 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		2017

**Transaction ID : PR329215743002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 111
<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. Meersman, Patricia, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Senior Director Data Management
--	--

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		2017

**Transaction ID : PR330343343002**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**B. Misfeldt, Thomas, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Associate 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		2017

**Transaction ID : PR330411643002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. Mudron, Maureen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association	Occupation (for Individual) Counsel/Div of Federal Regulations
--	---

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		2017

**Transaction ID : PR330465243002**

Amount of Each Receipt this Period  
26.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.36
<b>TOTAL</b> 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 94 OF 111
	<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. Muraca, Paul, N., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Member Engagement
--	--

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		2017

**Transaction ID : PR330475443002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. O'Keefe, Eileen, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 172 Atteridge

City Lake Forest	State IL	Zip Code 60045-1715
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Vice President, Constituency Section
--	---

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		2017

**Transaction ID : PR330549243002**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. Spohn, Anthony, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 N. Oriole

City Chicago	State IL	Zip Code 60634-3232
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Hospital Association-Chicago	Occupation (for Individual) Executive Director, Associate Memberst
--	---

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		2017

**Transaction ID : PR331098343002**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.36
<b>TOTAL</b> 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 111
	<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. Tucker, Debi, H., Ms., Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Executive Director, State Issues Forum  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR331278843002**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Vanderbush, Darlene, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Executive Office Opera  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR331304243002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Webb, Jo Ann, K, Ms., RN, MHA, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) AONE Occupation (for Individual) Senior Director of Federal Relations a  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR331379143002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.36
<b>TOTAL</b> 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 111
<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. Woodin, Dale, L, Mr., CHFM,FASHE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 N Wacker Dr Ste 400  
 City Chicago State IL Zip Code 60606-1719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hospital Association Occupation (for Individual) Vice President, Personal Membership C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR331481343002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Cundari, Megan, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR518031943002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Werner, Laura, M., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Associate Director, Political Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR560101543002**  
 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 97 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Wurth, Maryjane, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Chicago Occupation (for Individual) Chief Strategy and Relationship Office  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR703068343002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Thompson, Ashley, B., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Vice President, Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR766023743002**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Archuleta, Rochelle, M., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Senior Associate Director Policy  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 202.05

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR801366343002**  
 Amount of Each Receipt this Period 26.94  
 Memo Item  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.82
<b>TOTAL</b> 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 98 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hrobsky, Lisa, Kidder, Ms.,

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 (for Individual) American Hospital Association-Washingt Occupation (for Individual) Vice President, Grassroots and Advoca

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2017

**Transaction ID : PR876637243002**

Amount of Each Receipt this Period  
38.48

Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.48
<b>TOTAL</b> This Period (last page this line number only).....▶	75517.15

**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 111
<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**New York Hospital & Healthcare Assoc. FED PAC**

Mailing Address One Empire Drive

City Rensselaer	State NY	Zip Code 12144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	10	/	2017

**Transaction ID : 23975574**

Amount of Each Receipt this Period  
50000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50000.00
<b>TOTAL</b> This Period (last page this line number only).....	50000.00

**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 100 OF 111
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. TD Bank**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
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 (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1752.50

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : 24034060**  
Amount of Each Receipt this Period 282.22  
 Memo Item  
Interest Earned

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.22
<b>TOTAL</b> This Period (last page this line number only).....	282.22

**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"/> 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

/  /

FEC Identification Number

**Transaction ID : 24034825**  
Amount of Each Disbursement this Period  
  
Merchant Fees

Memo Item

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

/  /

FEC Identification Number

**Transaction ID : 24034826**  
Amount of Each Disbursement this Period  
  
Merchant Fees

Memo Item

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

/  /

FEC Identification Number

**Transaction ID : 24034828**  
Amount of Each Disbursement this Period  
  
Bank Fee

Memo Item

**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"/> 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) <b>A. Collins For Senator</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 1096		FEC Identification Number C C00314575 <b>Transaction ID : 23980896</b>
City Bangor	State ME	Zip Code 04402
Purpose of Disbursement 2020 Contribution		011 Category/ Type
Candidate Name <b>Collins, Susan, M., Sen.,</b>		Amount of Each Disbursement this Period 1000.00 2020 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: ME	District:	

Full Name (Last, First, Middle Initial) <b>B. Heller For Senate</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 371907		FEC Identification Number C C00494229 <b>Transaction ID : 23981353</b>
City Las Vegas	State NV	Zip Code 89137
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Heller, Dean, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NV	District:	

Full Name (Last, First, Middle Initial) <b>C. Klobuchar For Minnesota</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 4146		FEC Identification Number C C00410191 <b>Transaction ID : 23981354</b>
City St Paul	State MN	Zip Code 55104
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Klobuchar, Amy, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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"/> 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) <b>A. Crowley For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017	
Mailing Address 84-56 Grand Avenue			
City Elmhurst	State NY	Zip Code 11373	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name <b>Crowley, Joseph, , Rep.,</b>		FEC Identification Number C00338954 <b>Transaction ID : 23981355</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 14	Amount of Each Disbursement this Period 4000.00 Contribution <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Crowley For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017	
Mailing Address 84-56 Grand Avenue			
City Elmhurst	State NY	Zip Code 11373	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name <b>Crowley, Joseph, , Rep.,</b>		FEC Identification Number C00338954 <b>Transaction ID : 23981903</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 14	Amount of Each Disbursement this Period 1000.00 Contribution <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Davis For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017	
Mailing Address 5956 W. Race Avenue			
City Chicago	State IL	Zip Code 60644	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name <b>Davis, Danny, K., Rep.,</b>		FEC Identification Number C00172619 <b>Transaction ID : 23981904</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 07	Amount of Each Disbursement this Period 1500.00 Contribution <input type="checkbox"/> Memo Item		

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

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

6500.00

**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"/> 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) <b>A. A Whole Lot Of People For Grijalva Congressional C</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 1242		FEC Identification Number C C00374058 <b>Transaction ID : 23981906</b> Amount of Each Disbursement this Period 1000.00 Contribution <input type="checkbox"/> Memo Item
City Tucson	State AZ	Zip Code 85702
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name <b>Grijalva, Raul, M., Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AZ	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Himes For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 857 Post Road, #312		FEC Identification Number C C00434191 <b>Transaction ID : 23981908</b> Amount of Each Disbursement this Period 1000.00 Contribution <input type="checkbox"/> Memo Item
City Fairfield	State CT	Zip Code 06824
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name <b>Himes, Jim, A., Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2018
State: CT	District: 04	

Full Name (Last, First, Middle Initial) <b>C. Kind For Congress Committee</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 205 5th Avenue S Room 411		FEC Identification Number C C00312017 <b>Transaction ID : 23981910</b> Amount of Each Disbursement this Period 5000.00 Contribution <input type="checkbox"/> Memo Item
City La Crosse	State WI	Zip Code 54601
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name <b>Kind, Ron, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WI	District: 03	

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

7000.00

**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"/> 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. Country First PAC**

Mailing Address PO Box 16664

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
2017 Contribution

Category/  
Type

Candidate Name

**Country First PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 23981911**

Amount of Each Disbursement this Period

2017 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jobs, Opportunity & Education, PAC (JOEPAC)**

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2017 Contribution

Category/  
Type

Candidate Name

**Jobs, Opportunity & Education, PAC (JOEPAC)**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 23981912**

Amount of Each Disbursement this Period

2017 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Team Graham**

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
2020 Contribution

Category/  
Type

Candidate Name

**Graham, Lindsey, O., Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: SC District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 23998001**

Amount of Each Disbursement this Period

2020 Contribution

Memo Item

**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"/> 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) <b>A. Cartwright For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address PO Box 414		FEC Identification Number C00509968 <b>Transaction ID : 23998003</b>
City Scranton	State PA	Zip Code 18501
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Cartwright, Matt, A., Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District: 17	

Full Name (Last, First, Middle Initial) <b>B. Ryan Costello For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address PO Box 3154		FEC Identification Number C00554899 <b>Transaction ID : 23998004</b>
City West Chester	State PA	Zip Code 19381
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 4000.00 Contribution
Candidate Name <b>Costello, Ryan, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District: 06	

Full Name (Last, First, Middle Initial) <b>C. Hoyer For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 700 13th Street Nw Suite 600		FEC Identification Number C00140715 <b>Transaction ID : 23998005</b>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 5000.00 Contribution
Candidate Name <b>Hoyer, Steny, H., Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MD District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> 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"/> 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) <b>A. John Lewis For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address PO Box 2323		FEC Identification Number C00202416 <b>Transaction ID : 23998013</b>
City Atlanta	State GA	Zip Code 30301
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Lewis, John, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 05	

Full Name (Last, First, Middle Initial) <b>B. Dan Lipinski For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address P.O. Box 520		FEC Identification Number C00405431 <b>Transaction ID : 23998015</b>
City Western Springs	State IL	Zip Code 60558
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Lipinski, Daniel, William, Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 03	

Full Name (Last, First, Middle Initial) <b>C. Pat Meehan For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 50 S Providence Rd		FEC Identification Number C00466870 <b>Transaction ID : 23998016</b>
City Media	State PA	Zip Code 19063
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 3000.00 Contribution
Candidate Name <b>Meehan, Patrick, L., Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> 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"/> 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**

**A. Schiff For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement Contribution

Candidate Name **Schiff, Adam, B., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 28

Date of Disbursement: 07 / 21 / 2017

FEC Identification Number: C00343871  
**Transaction ID : 23998017**

Amount of Each Disbursement this Period: 2000.00  
Contribution

Memo Item

**B. Dakota PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15114

City Arlington State VA Zip Code 22215

Purpose of Disbursement 2017 Contribution

Candidate Name **Dakota PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 21 / 2017

FEC Identification Number: C00493072  
**Transaction ID : 23998028**

Amount of Each Disbursement this Period: 1000.00  
2017 Contribution

Memo Item

**C. Bill Cassidy For U.S. Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement 2020 Contribution

Candidate Name **Cassidy, Bill, , Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: LA District:

Date of Disbursement: 07 / 25 / 2017

FEC Identification Number: C00543983  
**Transaction ID : 23999143**

Amount of Each Disbursement this Period: 1000.00  
2020 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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**

**A. Angus King For U.S. Senate Campaign**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 114 Maine Street Suite 1a  
PO Box 368

M M M	/	D D D	/	Y Y Y Y Y
07		25		2017

City Brunswick State ME Zip Code 04011

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C	C00516047
---	-----------

**Transaction ID : 23999144**  
Amount of Each Disbursement this Period

Candidate Name  
**King, Angus, S., Sen., Jr.**

1000.00
---------

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

Memo Item

**B. Lisa Murkowski For U.S. Senate**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 100847

M M M	/	D D D	/	Y Y Y Y Y
07		25		2017

City Anchorage State AK Zip Code 99510

FEC Identification Number

Purpose of Disbursement 2022 Contribution

011
Category/Type

C	C00384529
---	-----------

**Transaction ID : 23999145**  
Amount of Each Disbursement this Period

Candidate Name  
**Murkowski, Lisa, , Sen.,**

1000.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: AK District:

Memo Item

**C. Portman For Senate Committee**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9856 Archer Lane

M M M	/	D D D	/	Y Y Y Y Y
07		25		2017

City Dublin State OH Zip Code 43017

FEC Identification Number

Purpose of Disbursement 2022 Contribution

011
Category/Type

C	C00458463
---	-----------

**Transaction ID : 23999146**  
Amount of Each Disbursement this Period

Candidate Name  
**Portman, Rob, , Sen.,**

1000.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: OH District:

Memo Item

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

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Gregg Harper For Congress**

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Harper, Gregg, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MS District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2017

FEC Identification Number

C C00441295

Transaction ID : 23999147

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Richard E. Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Neal, Richard, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2017

FEC Identification Number

C C00226522

Transaction ID : 23999153

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Upton, Frederick, Stephen, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2017

FEC Identification Number

C C00200584

Transaction ID : 23999154

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"/> 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) <b>A. Heartland Values PAC</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address P.O. Box 505			
City Sioux Falls	State SD	Zip Code 57101	
Purpose of Disbursement 2017 Contribution		Category/ Type 011	FEC Identification Number C00409003 <b>Transaction ID : 23999160</b> Amount of Each Disbursement this Period 1500.00 2017 Contribution <input type="checkbox"/> Memo Item
Candidate Name <b>Heartland Values PAC</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Prairie PAC</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address 426 C Street, NE			
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement 2017 Contribution		Category/ Type 011	FEC Identification Number C00347195 <b>Transaction ID : 23999179</b> Amount of Each Disbursement this Period 2000.00 2017 Contribution <input type="checkbox"/> Memo Item
Candidate Name <b>Prairie PAC</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Pallone For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address PO Box 3176			
City Long Branch	State NJ	Zip Code 07740	
Purpose of Disbursement Contribution		Category/ Type 011	FEC Identification Number C00226928 <b>Transaction ID : 23999180</b> Amount of Each Disbursement this Period 2500.00 Contribution <input type="checkbox"/> Memo Item
Candidate Name <b>Pallone, Frank, , Rep., Jr.</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 06			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	55000.00